

**A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHOEDUCATION  
PROGRAMME ON KNOWLEDGE OF SCHIZOPHRENIA AMONG  
CAREGIVERS OF THE PATIENTS WITH SCHIZOPHRENIA,  
IN A SELECTED HOSPITAL , COIMBATORE.**

By  
**JYOTHILEKSHMI.P**

A Dissertation submitted to The Tamil Nadu Dr. M.G.R. Medical University,  
Chennai, in partial fulfillment of requirement for the Degree of

**MASTER OF SCIENCE IN NURSING**

**APRIL 2011**

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INTERNAL EXAMINER

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EXTERNAL EXAMINER

## CERTIFICATE

Certified that this is the bonafide work of **JYOTHILEKSHMI.P** of K.G College of Nursing, Coimbatore, submitted in partial fulfillment of requirement for the **Degree of Master of Science in Nursing** to The Tamil Nadu Dr. M.G.R. Medical University under the **Registration No:30096443**

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Director of Education,  
K.G. College of Health Sciences,  
Coimbatore.

**Prof. (Mrs.). Sonia Das,**  
Principal,  
K.G. College of Nursing,  
Coimbatore.

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IN A SELECTED HOSPITAL, COIMBATORE.**

Approved by the dissertation committee on: 09-04-2010

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**APRIL 2011**

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*. “I praise and thank God for his abundant blessings, constant love and guidance”.*

*Several hands behind, has given a shape to this thesis. While it would be impossible to mention all by name, there are some whom the researcher would particularly like to thank.*

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*“Changes are not made in this world until somebody brings them out”. I express my sincere, respectful and whole hearted gratitude to **Mrs.VAIJAYANTHI MOHANDAS**, Director of Education, K.G.College of Health Sciences, for her constant support, encouragement and guidance in all my endeavours.It is my great honor and privilege to have completed this study under her guidance.*

*“Greater achievements come from experiences and they stand as key to sucesses”. It is my privilege to express my sincere gratitude and heartfelt thanks to **Prof. (Mrs.) SONIA DAS** , Principal ,K.G .College of Nursing for her encouragement, support and constant guidance to pursue this study.*

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*I express my sincere gratitude towards **Dr.PONNI MURALIDARAN**, Psychiatrist, K.G.Hospital, for her constant support and guidance.*

*“There cannot be an excellent piece of architecture without an architect”. I am obliged to **Prof.(Mr.) K.SUBRAMANIAN**, Department of Biostatistics and Research for his critical statistical advice, his tremendous efforts to make figures meaningful.*

*I extend my heartfelt thanks to **Prof. (Mrs.) SOFIA CHRISTOPHER**, Head of the Department of Community Health Nursing, **Prof. (Mrs.) VIJAYALAKSHMI.N**, Head of the Department of Child Health Nursing and **Prof. (Mrs.) SHEEBA. R**, Head of the Department of Obstetrics and Gynecological Nursing, for their constant inspiration throughout the study.*

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*My sincere gratitude to all the **EXPERTS**, who have given the content validity and given suggestions in the modification of the tool.*

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*I extend my special and heartfelt thanks to **Dr.K.SELVARAJ**, Consultant Psychiatrist who gave the permission to proceed the study in his institution.*

*I acknowledge my sincere thanks to **Mr.KADTHIRVADIVELU.M**, Librarian, K.G. College of Health Sciences for rendering his help and support in procuring the literature related to the study.*

*I express my sincere thanks to all the **PARTICIPANTS** for their kind co-operation throughout the study, without them it would have been impossible to conduct the study.*

*I dedicate this work to my **PARENTS, BROTHERS** and **SISTER-IN-LAW** for their unconditional love, care, supporting prayers and encouragement to complete this task.*

*I would also like to render a word of appreciation to all my **FRIENDS** and **CLASSMATES** for their timely help and support throughout the study.*

*I render my heartfelt thanks to **Mr.RANGARAJ**, Sri Krishna Xerox, and **Mr.SHIVA KUMAR** for their technical support in making the script of the thesis.*

*I thank one and all who directly and indirectly helped in the successful completion of this dissertation.*



## INDEX

CHAPTER	CONTENTS	PAGE NO
<b>I</b>	<b>INTRODUCTION</b>	1-10
	Need for the study	3-5
	Statement of the problem	5
	Objectives	5
	Operational definitions	6
	Assumptions	7
	Hypothesis	7
	Limitations	7
	Projected outcome	7
	Conceptual frame work	7-10
<b>II</b>	<b>REVIEW OF LITERATURE</b>	11-25
<b>III</b>	<b>METHODOLOGY</b>	26-34
	Introduction	26
	Research design	26
	Setting of the Study	28
	Variables	28
	Population	30
	Sample Size	30
	Sampling Technique	30
	Criteria for Sample Selection	31
	Description of the Tool	31-32
	Content validity	32
	Reliability	32
	Pilot study	33
	Method of data collection	33
	Plan for data analysis	34
<b>IV</b>	<b>DATA ANALYSIS AND INTERPRETATION</b>	35-52
<b>V</b>	<b>RESULTS AND DISCUSSION</b>	53-56
<b>VI</b>	<b>SUMMARY, RECOMMENDATIONS AND NURSING IMPLICATIONS OF THE STUDY BIBLIOGRAPHY APPENDICES</b>	57-61

## LIST OF TABLES

TABLE NO	TITLE	PAGE NO
1.	Distribution of demographic variables of caregivers of the patients with schizophrenia.	1
2.	Distribution of level of knowledge among caregivers of the patients with schizophrenia on various aspects of schizophrenia.	2
3.	Comparison of pre-test and post test knowledge scores of schizophrenia among care givers of the patients with schizophrenia.	48
4.	Coefficient of variation between pre test and post test knowledge scores of schizophrenia among care givers of the patients with schizophrenia.	50
5.	Association between the levels of knowledge of schizophrenia among care givers of the patients with schizophrenia with selected demographic variables.	51

## LIST OF FIGURES

<b>FIGURE NO</b>	<b>TITLE</b>	<b>PAGE NO</b>
1.	Conceptual frame work	10
2.	Schematic representation of research design	27
3.	Relationship of variables	29
4.	Diagram showing distribution of demographic variables with regard to the age of caregivers.	39
5.	Diagram showing distribution of demographic variables with regard to gender of caregivers	40
6.	Diagram showing distribution of demographic variables with regard to education of caregivers	41
7.	Diagram showing distribution of demographic variables with regard to marital status of caregivers	42
8.	Diagram showing distribution of demographic variables with regard to type of family of caregivers	43
9.	Diagram showing distribution of demographic variables with regard to length of stay with patient	44
10.	Diagram showing distribution of pre test and post test scores on level of knowledge of schizophrenia among caregivers of the patients with schizophrenia.	49

## LIST OF APPENDICES

APPENDIX	TITLE
A	Letter seeking permission for conducting the study
B	Letter granting permission for conducting the study
C	Letter seeking experts opinion for content validity of the tool
D	Format for content validity
E	List of experts for content validity
F	Certificate of English editing
G	Certificate for Tamil editing
H	Tool (English and Tamil) <ul style="list-style-type: none"><li>• Section A-Demographic data.</li><li>• Section B- Questionnaire to assess knowledge</li></ul>
I	Scoring Key
J	Teaching module <ul style="list-style-type: none"><li>• Lesson plan (English and Tamil)</li></ul>
K	Flash cards on schizophrenia.

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## **APPENDIX-A**

### **LETTER SEEKING PERMISSION FOR CONDUCTING THE STUDY**

To,  
The Director,  
Vazhikatti Mental Health and Research Institute,  
No. 25, Nehru Street,  
Avinashi Road, Peelamedu,  
Coimbatore – 641 004.

Respected Sir,

This is to bring your kind notice that Ms. Jyothilekshmi.P, student of K.G college of nursing is conducting a research study on the topic of “**A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHO EDUCATION PROGRAMME ON KNOWLEDGE OF SCHIZOPHRENIA AMONG CAREGIVERS OF THE PATIENTS WITH SCHIZOPHRENIA, IN A SELECTED HOSPITAL, COIMBATORE**”, for the purpose of submission to the Tamil Nadu DR. M.G.R. Medical university, Chennai, as a partial fulfillment of the requirement for the award of MSc(N) Degree.

I kindly request you to grant her permission to conduct this study in your panchayat. Further details of the proposed project, if required, will be furnished by the student personally. Kindly do the needful.

Thanking you

Yours truly,

Prof .Sonia Das  
Principal

## **APPENDIX-B**

### **LETTER GRANTING PERMISSION FOR CONDUCTING THE STUDY**

To  
The Principal,  
K.G.College of Nursing,  
Coimbatore.

Sub: Granting permission for conducting the study.

With reference to your letter, Ms.Jyothilekshmi. P, of M.Sc (N)-II year is permitted to conduct the research on **“A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHOEDUCATION PROGRAMME ON KNOWLEDGE OF SCHIZOPHRENIA AMONG CAREGIVERS OF THE PATIENTS WITH SCHIZOPHRENIA, IN A SELECTED HOSPITAL, COIMBATORE.”**

Thanking you,

Regards,

## **APPENDIX – C**

### **LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY**

From,

Ms. Jyothilekshmi.P

II year M. Sc Nursing,

K. G. College of Nursing,

Coimbatore.

To,

Through Principal of K. G. College of Nursing,

Respected Madam / Sir,

Sub: Requisition for expert opinion and suggestions for content validity of the tool.

I am a student of M.Sc Nursing II year, of K. G. College of Nursing, Coimbatore affiliated to the Dr. M.G. R. Medical University, Chennai. As a partial fulfillment of M.Sc, Nursing Programme, I am conducting a study on “**A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHO EDUCATION PROGRAMME ON KNOWLEDGE OF SCHIZOPHRENIA AMONG CAREGIVERS OF THE PATIENTS WITH SCHIZOPHRENIA, IN A SELECTED HOSPITAL, COIMBATORE**”.

Here with I am sending the developed tool for content validity and for your expert opinion and possible suggestion. It will be very kind of you to return the same to the undersigned at the earliest possible.

**Thanking you**



## APPENDIX – D

### FORMAT FOR CONTENT VALIDITY

Name of the expert :

Address :

Total content for the tool : Adequate / Not Adequate

Kindly validate each tool and (√) if it is applicable.

S. No	No. of Tool / Section	Strongly Agree	Agree	Need Modification	Remarks

Signature of the expert with date

**APPENDIX – E**  
**LIST OF EXPERTS FOR CONTENT VALIDITY**

- 1. Prof. (Mrs.) Pushkala N.R, M. Sc (N)**  
Professor,  
School of Medical Education,  
Angamaly, Ernakulam District.
- 2. Prof. (Mrs.).Manju George Pynadath,M.Sc(N)**  
Professor,  
Lisie College of Nursing,  
Ernakulam District.
- 3. Prof. (Mrs.).R.Vijayalakshmi, M.Sc(N)**  
Professor,  
Chettinad College of Nursing,  
Chennai.
- 4. Dr.(Mrs.).Ponni Muralidharan,**  
Consultant Psychiatrist,  
K.G Hospital,  
Coimbatore.
- 5. Dr. (Mr.). C.J.John,**  
Consultant Psychiatrist,  
Medical Trust Hospital,  
Kochi.
- 6. Dr. (Mr.).Marikkannan,**  
Consultant Psychiatrist,  
Government Hospital,  
Coimbatore

## **APPENDIX - F**

### **CERTIFICATE FOR ENGLISH EDITING**

#### **TO WHOMSOEVER IT MAY CONCERN**

This is to certify that the tool developed by **Ms.Jyothilekshmi. P**  
II year M.Sc Nursing Student of K.G. College of Nursing for  
dissertation “**A STUDY TO ASSESS THE EFFECTIVENESS OF  
PSYCHO EDUCATION PROGRAMME ON KNOWLEDGE OF  
SCHIZOPHRENIA AMONG CAREGIVERS OF THE PATIENTS  
WITH SCHIZOPHRENIA,IN A SELECTED HOSPITAL,  
COIMBATORE**” edited for English language appropriateness by  
**Mrs. JOSEPHINE PRINCY, M.A., M. Phil.,**

**Signature**

## **APPENDIX - G**

### **CERTIFICATE FOR TAMIL EDITING**

#### **TO WHOMSOEVER IT MAY CONCERN**

This is to certify that the tool developed by **Ms. Jyothilekshmi. P**  
II year M.Sc Nursing Student of K.G. College of Nursing for  
dissertation “**A STUDY TO ASSESS THE EFFECTIVENESS  
OF PSYCHO EDUCATION PROGRAMME ON KNOWLEDGE  
OF SCHIZOPHRENIA AMONG CAREGIVERS OF THE  
PATIENTS WITH SCHIZOPHRENIA,IN A SELECTED  
HOSPITAL, COIMBATORE.**” is edited for Tamil language  
appropriateness by **Mr. A. SUBRAMANIAN, M.A., M.Ed.,**

**Signature**

## APPENDIX-H

### SECTION-A

#### DEMOGRAPHIC VARIABLES

READ THE FOLLOWING AND TICK ( THE CORRECT RESPONSES  
IN THE BRACKETS

1. Age in years

2. Gender

a) Male

☐

b) Female

☐

3. Education

a) Primary level

☐

b) secondary level

☐

c) College level

☐

4. Occupation

a) Unemployed

☐

b) Coolie

☐

c) Business

☐

d) Professional

☐

5. Income

a) Rs.2001/-5000/-

☐

b) Rs. 5001/-Rs.10000/-

☐

c) Rs.10,000 and above

☐

6. Marital status

a) Married

b) Unmarried

c) Divorced

d) Widowed

7. Type of family

a) Joint family

b) Nuclear family

8. Length of stay with patient

a) 6 months-1 year

b) 1-2 years

c) Above 2 years

## **SECTION-B**

### **A STRUCTURED QUESTIONNAIRE ON KNOWLEDGE REGARDING SCHIZOPHRENIA**

READ THE FOLLOWING QUESTIONS AND TICK THE CORRECT  
RESPONSES

1. Schizophrenia means
  - a) Cardiovascular illness
  - b) Mental illness
  - c) Respiratory illness
2. Schizophrenia affects
  - a) Ten percentage of total population
  - b) Fifty percentage of total population
  - c) One percentage of total population
3. Schizophrenia mostly affects people with age group
  - a) 15-29 years
  - b) 30-49 years
  - c) 50 years and above
4. Schizophrenia is most common in
  - a) Lower social class people
  - b) Middle social class people
  - c) Upper social class people
5. Schizophrenia affects
  - a) mainly males
  - b) mainly females
  - c) equally for both male and female
6. The important factor which contributes to schizophrenia is
  - a) Social factor
  - b) Genetic factor
  - c) Environmental factors

7. One of the causative factors of schizophrenia is
- a) Evil spirit
  - b) Black magic
  - c) Stressful life events
8. Schizophrenia patients have abnormal perception mainly in
- a) Hearing
  - b) Touch
  - c) Taste
9. The voices without stimulus that a person with schizophrenia may hear can
- a) Always causes harm
  - b) Sometimes cause harm
  - c) Never causes harm
10. Schizophrenia can be prevented by
- a) Reducing maternal stress during pregnancy
  - b) Increased age of father
  - c) Low folic acid levels
11. Schizophrenia is a
- a) Curable disease
  - b) Uncontrollable disease
  - c) Treatable disease
12. Schizophrenia can be treated in
- a) Psychiatric hospital
  - b) Primary health centre
  - c) Sub centre
13. Schizophrenia can be treated by
- a) Isolating the person
  - b) Antipsychotic drugs
  - c) Ignoring the problem



14. The therapy which can be used in schizophrenia is
- a) Massage therapy
  - b) Physiotherapy
  - c) Psychotherapy
15. One of the side effect of antipsychotic drug is
- a) Drowsiness
  - b) Absence of urine
  - c) Bleeding from nose
16. While taking antipsychotic drugs, the client should not
- a) Use sunscreen lotion
  - b) Rise slowly from bed
  - c) Drink alcohol
17. If the schizophrenia patient is very much harmful, he can be treated by
- a) Counselling
  - b) Electroconvulsive therapy
  - c) Psychological support
18. Prognosis of schizophrenia is good when the age of onset is
- a) Less than 20 years
  - b) 21- 35 years
  - c) More than 35 years
19. Patients who have one or more episodes of schizophrenia in their life time
- a) Lead normal lives
  - b) Lead normal lives in between the episodes
  - c) Cannot lead a normal life
20. Schizophrenia patient should be
- a) Cared well
  - b) Isolated
  - c) Criticized

**kjpg;gPl;Lf; fUtpfspd; mk;r';fs;**

**gphpt[ -m**

**ftdpg;ghsh;fspd; milahs ml;ltid**

**fPH;f;fz;ltw;iwg; goj;J rhpahd gjpiy bfhLf;fg;gl;Ls;s**

**milg;g[fs py; FwpapLf .( / of; khh;f; bra;at[k;)**

1. taJ ( )

2. ghypdk;

m. Mz; ( )

M. bgz; ( )

3. fy;tp

m. bjhl f;f fy;tp ( )

M. ,ilepiy ( )

,. fy;Y}hpf; fy;tp ( )

4. ntiy

m. ntiy ,y;iy ( )

M. Typ ( )

,. bjhHpy; ( )

<. cj;jpnahf!;jh; ( )

5. tUtha;

m. +. 2001 K jy; +. 5000 tiu ( )

M. +. 5001 K jy; +. 10000 tiu ( )

,. +. 10000 Kjy; ( )

6. jpUkz epiy

m. jpUkzkhdth; ( )

M. jpUkzkhfhjth; ( )

,. kzk; Kwpthdth; ( )

<. tpjit ( )

7. FLk;g epiy

m. Tl;Lf; FLk;gk; ( )

M. jdpf; FLk;gk; ( )

8. nehahspa[lid; trpf;Fk; fhyk;

m. 6 khjk; Kjy; xU tUl; tiu ( )

M. 1 Kjy; 2 tUl';fs; ( )

,. 2 tUl';fSf;F nky; ( )

## gphpt[ M

fPH;f;fz;ltw;iwg; goj;J rhpahd gjpiy bfhLf;fg;gl;Ls;s  
milg;g[fs py; FwpapLf .( / of; khh;f; bra;at[k;)

1. kdr;;rpijt[ neha; vd;why;

m. ,ja rk;ge;jg;gl;l neha; ( )

M. kdehyk; ghjpf;fg;gl;l neha; ( )

., Rthr cWg;g[ rk;ge;jg;gl;l neha; ( )

2. kdr;;rpijt[ neha; ghjpf;fpwJ

m. 10 tpGf;fhL kf;fs; bjhif ( )

M. 50 tpGf;fhL kf;fs; bjhif ( )

., 1 tpGf;fhL kf;fs; bjhif ( )

3. kdr;;rpijt[ neha; ,e;j taJs;s kf;fisg; ghjpf;fpwJ

m. 15 Kjy; 29 taJ tiu ( )

M. 30 Kjy; 49 taJ tiu ( )

., 50f;F nkw;gl;ltiu ( )

4. kdr;;rpijt[ neha; mjpfkhhf; fhzg;gLtJ

m. fPH;f;fz;l r\ f tFg;gpdhplk; ( )

M. eLj;ju r\ f tFg;gpdhplk; ( )

., cah;kl;l r\ f tFg;gpdhplk; ( )

5. kdr;;rpijt[ neha; ghjpf;fpwJ

m. Kf;fpakhf Mz;fis ( )

M. Kf;fpakhf bgz;fis ( )

,. Mz;, bgz; ,Utia[k; rkkhf

( )

6. kdr;;rpijt[ neha; g';fspf;Fk; Kf;fpa fhuzp

m. r\ff; fhuzp ( )

M. kugpay; fhuzp ( )

,. Rw;Wr;RHy; fhuzp ( )

7. kdr;;rpijt[ nehapd; xU fhuzk;

m. bfl;l Mtp ( )

M. khah \$hyk; ( )

,. mGj;jk; ( )

8. kdr;;rpijt[ nehapfs; Kf;fpakhf ,ay;g[f;F khwhd fhI;rpfisg;

bgw;Wdh;fpd;wdh;

m. nfl;ly; ( )

M. bjhLjy; ( )

,. Urpj;jy; ( )

9. kdr;;rpijt[ neha; ghjpf;fg;gl;Ith; nfl;Fk; rj;jk; mtUf;F

m. vg;bghGJk; jPik tpistpf;Fk; ( )

M. rpy rkak; jPik tpistpf;Fk; ( )

,. xU nghJk; jPik tpistpf;fhJ ( )

10. kdr;;rpijt[ nehia ,jdhy; jLf;fyhk;

m. kfg;ngW fhyj;jpy; Vw;gLk; kd mGj;jj;ij

jLf;fyhk; ( )

M. jfg;gdpd; taJ Kjph;thy; ( )

,. nghypf; mkpyj;jpd; msitf; Fiwg;gjhy; ( )

11. kdr;;rpijt[ nehahdJ

m. Rfg;gLj;jf; Toa neha; ( )

M. fl;Lg;gLj;jf; ,ayhj neha; ( )

.. rpfpr;iraspf;fg;gLk; neha; ( )

12. kdr;;rpijt[ neha; rpfpr;ir mspf;fg;glf;Toa ,lk;

m. kd neha; kUj;Jtkidfspy; ( )

M. Muk;g Rfhjhu epiya';fspy; ( )

.. fpis epiya';fspy;; ( )

13. kdr;;rpijt[ neha; rpfpr;iraspf;fg;glyhk;

m. nehahspiaj; jdpikg;gLj;Jtjd; \yk; ( )

M. kd neha; kUj;Jfisf; bfhLg;gjd; \yk; ( )

.. gpur;rpidfis mrl;il bra;tjd; \yk; ( )

14. kdr;;rpijt[ nehahspf;Ff; bfhLf;fg;gLk; ,ay; kUj;Jt Kiw (jpugp)

m. gpo (krh\$;) kUj;Jtk ; ( )

M. Kl ePf;fpay; kUj;Jtk ; ( )

.. kd ey kUj;Jtk ; ( )

15. kd neha; vjph;g;g[ kUe;jpd; gf;f tpist[fspy; xd;W

m. J}f;f kaf;fk; ( )

M. rpWePh; gphpahik ( )

.. \f;fpypUe;J ,uj;jk; tojy; ( )

16. kd neha; vjph;g;g[ kUe;Jfis cl;bfhs;Sk; nehahsp ,g;go

cgnahfpj;jy;

m. Nhpa btg;gj;ijj; jLf;f gad;gLj;jg;gLk; fspk;ig ( )

cgnahfpj;jy;

M. gLf;ifapypUe;J bkJthf vGjy; ( )

.. kJ mUe;Jjy; ( )

17. kdr;rpjijt[ nehahsp mjpj jP';F tpistpj;jhy; mth;

rpfp;iraspf;fg;glyhk;

m. Mnyhrid tH';Fjy; thapyhf ( )

M. vyf;l;nuh fd;ty;rp'; rpfpr;ir ( )

.. kd hPjpahd mutizg;gpd; thapyhf ( )

18. kdr;rpjijt[ nehahspapd; epiy vg;ngghJ Fzg;gLj;j Koa[k;

m. 20 taJf;Ff; fPH; ( )

M. 21 Kjy; 35 taJf;Fs; ( )

.. 35 taJf;F nky; ( )

19. thH;f;ifapy; xd;W my;yJ xd;Wf;F nkW;gl;l Kiwfspy; kdr;rpjijt[

nehahsp

m. rhjhuz epiyapy; thH;fpwhh; ( )

M. jhf;FjYf;Fs;shFk; ,U ,ilbtspf;F

,ilg;gl;l fhyj;jpy; rhjhuzkhf thH;fpwhh; ( )



,. rhjhuz thH;f;if thH KoahJ ( )

20. kdr;rpijt[ nehahsp

m. ed;F ftdpf;fg;gl ntz;Lk; ( )

M. jdpahf gphpj;J itf;;fg;gl ntz;Lk; ( )

,. ghpfrpf;;fg;gl ntz;Lk; ( )

**APPENDIX-I**  
**SCORING KEY FOR SECTION ‘B’**

<b>QUESTION NUMBER</b>	<b>ANSWER</b>
1	b
2	c
3	a
4	a
5	c
6	b
7	c
8	a
9	b
10	a
11	c
12	a
13	b
14	c
15	a
16	c
17	b
18	a
19	b

20	a
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**gFjp – “M” tpdhtpw;fhd tpilfs;**

nfs;tp vz;	tpilfs;
1.	M
2.	,
3.	m
4.	m
5.	,
6.	M
7.	,
8.	m
9.	M
10.	m
11.	,
12.	m
13.	M
14.	,
15.	m
16.	,
17.	M

18.	m
19.	M
20.	m

# LESSON PLAN ON SCHIZOPHRENIA

**LESSON PLAN**

Topic	: Psycho education programme on schizophrenia
Duration	: 45 minutes
Group	: Care givers of schizophrenia patients
Venue	: Vazhikatti mental health and research institute, peelamedu.
Method of teaching	: Lecture cum discussion
Medium of instruction	: Tamil
Teaching aid	: Flash card

## **APPENDIX-J**

## **CENTRAL OBJECTIVES**



On completion of the class, the caregivers of schizophrenia patients will be able to acquire knowledge regarding schizophrenia and its management.

## **SPECIFIC OBJECTIVE**


The caregivers of schizophrenia patients will be able to,

1. identify the meaning of schizophrenia
2. enlist the causes of schizophrenia
3. identify the signs and symptoms of schizophrenia
4. list the prevention of schizophrenia
5. describe the treatment of schizophrenia
6. explain the prognosis of schizophrenia
7. explain the home care of schizophrenia





<b>SPECIFIC OBJECTIVES</b>	<b>TIME</b>	<b>CONTENT</b>	<b>RESEARCHER ACTIVITY</b>	<b>CAREGIVERS ACTIVITY</b>	<b>A.V AIDS</b>	<b>EVALUATION</b>
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Introduces the topic	2 min	<b>INTRODUCTION</b> Schizophrenia is a common psychiatric disorder prevalent in all cultures and in all parts of the world. One percentage of the total population suffers from schizophrenia. It is a serious mental illness. So the affected person needs support from family members.			 	
The caregivers will be able to identify the meaning of schizophrenia	2 min	<b>MEANING.</b> Schizophrenia is a challenging disorder that makes it difficult to distinguish reality, think clearly, and manage emotions.	Describing the meaning	Listening		What is the meaning of schizophrenia?
<b>SPECIFIC OBJECTIVES</b>	<b>TIME</b>	<b>CONTENT</b>	<b>RESEARCHER ACTIVITY</b>	<b>CAREGIVERS ACTIVITY</b>	<b>A.V AIDS</b>	<b>EVALUATION</b>



The caregiver will be able to enlist the causes of schizophrenia.	5 min	<p><b>CAUSES</b></p> <p>Schizophrenia mainly affects people with in the age group of 15-30 years. It equally affects both males and females. The factors that causes schizophrenia are,</p> <p><b>1.GENETIC FACTORS</b></p> <p>About 10% of first degree relatives (siblings) of schizophrenia patients have schizophrenia as compared with the 1% prevalence rate in the general population.</p>	Enlisting	Listening		What are the causes of schizophrenia?
<b>SPECIFIC OBJECTIVES</b>	<b>TIME</b>	<b>CONTENT</b>	<b>RESEARCHER ACTIVITY</b>	<b>CAREGIVERS ACTIVITY</b>	<b>A.V AIDS</b>	<b>EVALUATION</b>



The caregiver will be able to enlist the causes of schizophrenia.	5 min	The concordance rate for monozygotic twins is 46% and for dizygotic twins is 14%. If one parent has schizophrenia, the chances of the child developing schizophrenia are 10-14%.If both parents have schizophrenia, the chance increases about 46%. So genetic factors are very important in making an individual vulnerable to schizophrenia.	Enlisting	Listening		What are the causes of schizophrenia?
<b>SPECIFIC OBJECTIVES</b>	<b>TIME</b>	<b>CONTENT</b>	<b>RESEARCHER ACTIVITY</b>	<b>CAREGIVERS ACTIVITY</b>	<b>A.V AIDS</b>	<b>EVALUATION</b>


The caregiver will be able to enlist the causes of schizophrenia.	5 min	<p><b>2.BIOCHEMICAL FACTORS</b></p> <p>Schizophrenia is probably due to a functional increase of dopamine in the brain.</p> <p><b>3.PSYCHOLOGICAL FACTORS</b></p> <p>Persons who are withdrawn and have very few social contacts are more prone to this illness. Increased number of stressful life events has triggering effect on vulnerable (genetic vulnerability) persons.</p>	Enlisting	Listening	   	What are the causes of schizophrenia?
<b>SPECIFIC OBJECTIVES</b>	<b>TIME</b>	<b>CONTENT</b>	<b>RESEARCHER ACTIVITY</b>	<b>CAREGIVERS ACTIVITY</b>	<b>A.V AIDS</b>	<b>EVALUATION</b>

The caregiver will be able to enlist the causes of schizophrenia.	5 min	<b>4.SOCIAL OR ENVIORNMENTAL FACTORS</b> Children and adults develop schizophrenia because their home environment is not conducive to normal emotional growth. Another factor is family conflict.  <b>5. OTHER CAUSES</b> <ul style="list-style-type: none"> <li>Complications during pregnancy and birth</li> </ul> Infections or malnutrition during pregnancy	Enlisting	Listening	 	What are the causes of schizophrenia?
<b>SPECIFIC OBJECTIVES</b>	<b>TIME</b>	<b>CONTENT</b>	<b>RESEARCHER ACTIVITY</b>	<b>CAREGIVERS ACTIVITY</b>	<b>A.V AIDS</b>	<b>EVALUATION</b>


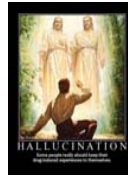
The caregivers will be able to identify the signs and symptoms of schizophrenia	10 min	<b>SIGNS AND SYMPTOMS</b> ➤ <b>DISORDERS OF THOUGHT</b> Thinking is governed by private and illogical rules. Things said lack a meaningful relationship or there is immediate shifting from one topic to another. The speech is often described as being disjointed. There is a sudden interruption of stream of speech before the thought is completed. After a pause, the subject cannot recall when he had meant to say.	Explaining	listening		What are the signs and symptoms of schizophrenia?
SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION

The caregivers will be able to identify the signs and symptoms of schizophrenia	10 min	<p>Making of new words or phrases which cannot be understood is another symptom. These are created to express a concept for which the subject has no dictionary word.</p> <p>A schizophrenia patient may sometimes have no speech production or decreased speech production. Repetition of words said by others is another symptom.</p> <ul style="list-style-type: none"> <li>• They have false unshakable beliefs which are not in keeping with patient' socio cultural and educational background.</li> </ul>	Explaining	listening		What are the signs and symptoms of schizophrenia?
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SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to identify the signs and symptoms of schizophrenia	10 min	<p>➤ There are different types of false beliefs are there. They are,</p> <ul style="list-style-type: none"> <li>Others are cheating, harassing poisoning or trying to kill him. This is the major type of delusion in schizophrenia patients.</li> <li>He is superior than others.</li> <li>A neighbour is controlling his behaviour with magnetic waves.</li> <li>Their thoughts are broadcasting aloud to others.</li> <li>The world is not existing</li> </ul>	Explaining	Listening	 	What are the signs and symptoms of schizophrenia?




SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to identify the signs and symptoms of schizophrenia	10 min	<p><b>DISORDERS OF PERCEPTION</b></p> <p>Perceptions without stimulus are occurring in schizophrenia patients. They are ,</p> <p><b>1.HEARING</b></p> <p>Hearing voices that other people do not hear is the most common type of perception disorder in schizophrenia patients. Some times they are causing dangers in schizophrenia patients.</p>	Explaining	Listening		What are the signs and symptoms of schizophrenia?









SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to identify the signs and symptoms of schizophrenia	10 min	<p>Voices may give orders to individuals, carry on conversations, warn on impending dangers or even issue orders to individual. Sometimes the voices are harmful to persons because the voices are ordering to the individual like 'go and die' It may lead to suicide of the individual.</p> <p><b>2. VISUAL</b></p> <p>Seeing images without stimulus.</p> <p><b>3. TOUCH</b></p> <p>False perception that something is crawling over the body.</p>	Explaining	Listening	 	What are the signs and symptoms of schizophrenia?




SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to identify the signs and symptoms of schizophrenia	10 min	<p><b>4. TASTE</b> Perception of unpleasant taste.</p> <p><b>5. SMELL</b> Perception of unpleasant smell.</p> <p>➤ <b>DISORDERS OF MOOD</b></p> <p>INAPPROPRIATE EMOTIONAL RESPONSE</p> <p>A person with schizophrenia may laugh in a sad situation and cry in a pleasurable situation. He has inability to experience pleasure and to know the presence of emotions.</p>	Explaining	Listening		What are the signs and symptoms of schizophrenia?


SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to identify the signs and symptoms of schizophrenia	10 min	<p>➤ <b>DISORDERS OF MOTOR BEHAVIOUR</b></p> <p>Decreased psychomotor activity or increased psychomotor activity (eg.excitement, aggressiveness, restlessness), mannerisms, decreased self care and not neat in appearance.</p> <p>➤ <b>OTHER FEATURES</b></p> <ul style="list-style-type: none"> <li>• Decreased functioning in work, Social relations and self care as compared to earlier levels.</li> <li>• They are not aware of their illness.</li> <li>• Their judgment is poor, so not able to take decisions by themselves.</li> </ul>	Explaining	Listening		What are the signs and symptoms of schizophrenia?

SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregiver will be able to list the prevention of schizophrenia	5 min	<p>Suicide can occur in schizophrenia due to the presence of associated depression and hearing commanding voices.</p> <ul style="list-style-type: none"> <li>There is usually no disturbance of consciousness, orientation, attention, memory and intelligence.</li> </ul> <p><b>PREVENTION</b></p> <ul style="list-style-type: none"> <li>Decrease the maternal stress during pregnancy.</li> <li>Breastfeed the baby may reduce the risk of schizophrenia.</li> <li>Reduce the early exposure to wheat (to avoid wheat allergy).</li> </ul>	Listing	Listening	  	What are the preventive measures of schizophrenia?


SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to describe the treatment of schizophrenia	8 min	<ul style="list-style-type: none"> <li>Folic acid supplementation during pregnancy.</li> <li>Avoid X-ray exposure during pregnancy.</li> <li>Lower level of stress for child while growing up</li> <li>Enriched educational, nutritional and social environments.</li> <li>Vitamin D supplementation in boys during first year of life.</li> </ul> <p><b>TREATMENT</b></p> <p>Schizophrenia is a treatable disease. It can be best treated in a psychiatric hospital. The various treatment methods are,</p>	Describing	Listening	 	What are the treatment measures of schizophrenia?



SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to describe the treatment of schizophrenia	8 min	<p>1.PHARMACOLOGICAL TREATMENT</p> <ul style="list-style-type: none"> <li>Antipsychotic drugs like Chlorpromazine, risperidone, haloperidol, and clozapine can be used.</li> </ul> <p><b>When patient is taking antipsychotic drugs,</b> He/she should:</p> <ul style="list-style-type: none"> <li>➤ Use caution when driving or operating dangerous machinery. Drowsiness can occur.</li> <li>➤ Not stop taking drug abruptly after long term use.</li> </ul>	Describing	Listening	   	What are the treatment measures of schizophrenia?




SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to describe the treatment of schizophrenia	8 min	<p>It may cause withdrawal symptoms like nausea, vomiting, headache and insomnia.</p> <ul style="list-style-type: none"> <li>➤ Use sunscreen and wear protective clothing when spending time outdoors because skin is more susceptible to sunburn.</li> <li>➤ Rise slowly from a sitting or lying position to prevent a sudden drop in blood pressure.</li> <li>➤ Take frequent sips of water, if dry mouth is a problem. Frequent brushing is important.</li> <li>➤ Never drink alcohol during antipsychotic therapy. This may increase side effects of drugs.</li> </ul>	Describing	Listening	  	What are the treatment measures of schizophrenia?



SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to describe the treatment of schizophrenia	8 min	<p>➤ Carry a card or other identification at all times describing medications being taken.</p> <p>2.ELECTROCONVULSIVE THERAPY Schizophrenia is not a primary indication for electroconvulsive therapy. It is given only when there is uncontrolled excitement and severe side effect with drugs.</p> <p>3.PSYCHOSOCIAL TREATMENT a) <u>Education</u> of the patient and especially the family regarding the nature of illness, its course and treatment.</p>	Describing	Listening		What are the treatment measures of schizophrenia?





SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to describe the treatment of schizophrenia	8 min	<p>b) <u>Group therapy</u> is particularly aimed at</p> <ul style="list-style-type: none"> <li>Teaching problem solving,</li> <li>Teaching communication skill.</li> </ul> <p>c) <u>Family therapy</u>. Apart from education, family is also given social skills training to enhance communication and decrease family tensions.</p> <p>d) <u>Milieu therapy (or therapeutic community)</u> includes treatment in a therapeutic home environment.</p> <p>e) <u>Individual psychotherapy</u> is usually of supportive nature. It is given to the individual patient.</p>	Describing	Listening		What are the treatment measures of schizophrenia?



SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to brief the prognosis of schizophrenia	5 min	<p>f) <u>Psychosocial rehabilitation</u> is used, usually along with milieu therapy. It includes activity therapy, to develop the work habit, training in a new vocation or retraining in a previous skill, vocational guidance, independent job placement and self employment.</p> <p><b>PROGNOSIS</b></p> <p><u>GOOD PROGNOSTIC POINTS</u></p> <ul style="list-style-type: none"> <li>▪ Acute onset</li> <li>▪ Onset after 35 years of age</li> <li>▪ Presence of precipitating factor</li> <li>▪ Short duration (6 months)</li> <li>▪ Female sex</li> </ul>	Briefing	Listening	 	What is the prognosis of schizophrenia?

SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to explain the home care of schizophrenia patients	8 min	<ul style="list-style-type: none"> <li>▪ Outpatient treatment</li> <li>▪ Good response to treatment</li> </ul> <p><b><u>POOR PROGNOSTIC POINTS</u></b></p> <ul style="list-style-type: none"> <li>▪ Onset before 20 years of age</li> <li>▪ Absence of stressor</li> <li>▪ Chronic course (&gt;2 years)</li> <li>▪ Family history of schizophrenia</li> <li>▪ Past history of schizophrenia</li> <li>▪ Male sex</li> <li>▪ Poor response to treatment</li> <li>▪ Long term hospitalisation</li> </ul> <p><b>HOME CARE</b></p> <p>Home care of schizophrenia patients depends on how ill the person is and on the family's ability to care for the person</p>	Explaining	Listening	  	How the schizophrenic patients can be cared in the home?

SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to explain the home care of schizophrenia patients	8 min	<p>The ability to care for a person with schizophrenia is tied closely to time, emotional strength, and financial reserves.</p> <p>It is important for all family members and other people close to a person with schizophrenia to learn about the disease and how it affects their lives. Family members who learn the first signs of relapse and see that their loved one gets help early to prevent relapse. If the person has imaginary perceptions, call the person by name, or by asking the person what he is experiencing and telling him that the voices are not real.</p>	Explaining	Listening	 	How the schizophrenic patients can be cared in the home?

SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to explain the home care of schizophrenia patients	8 min	<p>If the person has false fixed beliefs, not argue with him. Call for help if you fear the situation could become dangerous.</p> <p>Encourage a person to take medications by talking about how the medicines keep them from hearing voices and by helping them monitor the medication side effects.</p> <p>Sometimes people with schizophrenia are too sick to get treatment on their own. Depending on the severity of their symptoms, some people need to be held or treated against their will.</p>	Explaining	Listening		How the schizophrenic patients can be cared in the home?

SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
The caregivers will be able to explain the home care of schizophrenia patients	8 min	<p>Some people with schizophrenia are likely to display aggressive or violent behaviour. It is important to know the signs to watch for warning signs of suicide, such as talking about death or heavy use of drugs or alcohol.</p> <p>Even though the schizophrenia is not completely curable, people who have one or more episodes of schizophrenia in their life time are able to lead normal lives in between the episodes.</p> <p>The family should provide a caring, safe environment for the patients. Any criticism should be avoided.</p>	Explaining	Listening		How the schizophrenic patients can be cared in the home ?

SPECIFIC OBJECTIVES	TIME	CONTENT	RESEARCHER ACTIVITY	CAREGIVERS ACTIVITY	A.V AIDS	EVALUATION
		<p><b>CONCLUSION</b></p> <p>The severity of the symptoms and chronic patterns of schizophrenia often causes a high degree of disability. It was found that families who are new to the illness are unable to deal with fear and sorrow. Lack of knowledge of family members lead to more complications like recurrence. Psycho education to the family members have been considered to be the most promising and successful one to improve knowledge of family members.</p>			 	

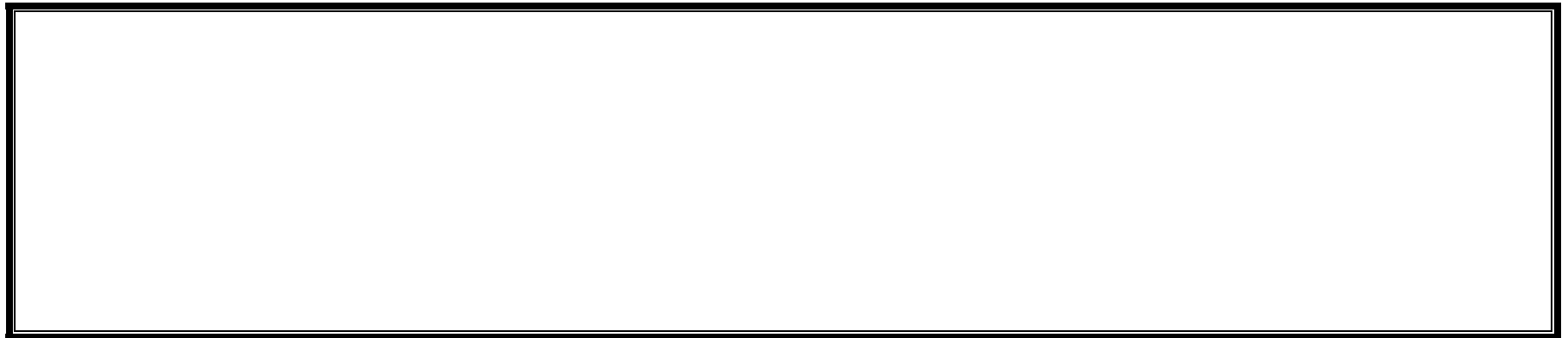
**ghlj;jpl;lk;;**

**kdr;rpijt[ neha;**



**ghlj;jpl;lk;**

- |            |   |   |
|------------|---|---|
| jiyg;gl    | - | kdr;rpijt[ neha; gw;wpa kndhj;Jtf; fy;tpapd; / fhhpaj;jpl;lk; |
| FG         | - | kdr;rpijt[ ghjpf;fg;gl;l nehahspfif; ftdpg;gth;fs;            |
| ,lk;       | - | tHpfhl;o kdehy Muha;r;rp ikak;, gPsnkL, nfhaKj;J}h;           |
| fhyk;      | - | 45 epkpl';fs;   |
| nghjdh Kiw | - | tphpt[iuahw;wYk;, fye;JiuahIYk;                               |
| Jizf;fUtp  | - | kpd; ml;il  |



**bghJ nehf;f';fs;;**


tFg;ig Kof;Fk; nghJ kdr;rpijt[ nehahspfis ftdpj;Jf; bfhs;gth;fs; neha; gw;wp mjpfkhd mwpitg; bgWjy;

**rpwg;g[ nehf;fk;**

kdr;rpijt[ nehahspfis ftdpj;Jf; bfhs;gth;fs; fPH;f;fz;l jpwd;fisg; bgWth;


1. kdr;rpijt[ vd;gjd; bghUs; ahJ vd;gijf; fz;lwpthh;
2. kdr;rpijt[f;fhd fhuz';fs;;
3. kdr;rpijt[f;fhd milahs';fs; mwpFwpfs; ,tw;iwf; fz;lwpthh;


4. kdr;rpjlt[j; jLf;Fk; Kiwfigs; gl;oaypLthh;
5. kdr;rpjlt[f;fhd rpfpr;ir Kiwfigs tpthpf;Fk; jpwd; bgWthh;
6. kdr;rpjlt[ nehahspapd; Kd;ndw;w';figs; gw;wp; tpthpj;jy;
7. kdr;rpjlt[ nehahspfis tPl;oy; itj;J vt;thW ftdpj;jJf; bfhs;syhk; vd tpthpg;gh;

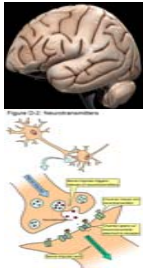
<b>Fwpg;gpl;l</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahshpd;;</b>	<b>ftdpg;ghshpd;</b>	<b>Xyp,</b>	<b>kjpg;gPLjy;</b>
<b>nehf;fk;</b>			<b>bray;</b>	<b>bray;</b>	<b>xsp</b>	
ghlj;jpd	2 epkplk;	<b><u>Kd;Diu :-</u></b>			<b>mikg;g[</b>	
;Kd;Diuia		kdr;rpjlt[ neha; cyfpd;				
mwp <u>Kfg;gLj</u> ;Jjy;		midj;Jg; gFjpfspYk; midj;J				
		gad;ghLfspYk; bghJthff;				
		fhzg;gLfpwJ. bkhj;j kf;fs;				
		bjhifapy; xU rjtPj kf;fs;				
		kdr;rpjlt[ nehahy;				
		ghjpf;fg;gLfpd;wdh;. ,J kpfj;				





ftdpg;ghsh;	2 epkplk;	<b><u>bghUs;::</u></b>	,jd; mh;j;jj;ij	ftdpj;jy;		
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jPtpukhd kd neha; MFk;.  
vdnt ,e;nehahy;  
ghjpf;fg;gl;lth;fSf;F FLk;g  
egh;fspd; MWjYk;  
mutizg;g[k; njitg;gLfpwJ.

kdr;rpjlt[ nehapd; bghUs; fz;lwpjy;  ftdpg;ghsh; kdr;rpjlt[ nehapf;fhd fhuz';fs;;fisg;; gl;oaypLjy;	5 epkplk;	kdr;rpjlt[ rthy; tplg;gLk; kdneha;. vJ cz;ik, vJ bgha; vd ntWgLj;jp fhl;lLtija[k; ed;whfr; rpe;jpj;J kd vGr;rpfisf; fl;Lg;gLj;jp gpwhplk; v';'dk; ele;J bfhs;tJ vd bjhp;J bfhs;tija[k; fodkhf;fp tpLk;. <b><u>fhuz';fs; :</u></b> kdr;rpjlt[ neha; Kf;fpakhf 15 Kjy; 30 taJs;sth;fisg; ghjpf;fpwJ. mJ Mz;; bgz; ,U ghyiua[nk ghjpf;fpwJ. kdr;rpjlt[ Vw;gLj;Jk; fhuzpfshtd	tpthpj;jy;.  gl;oaypLjy;	ftdpj;jy;		kdr;rpjlt[ vd;why; vd;d?  kdr;rpjtpw;fhd fhuz';fs; ahit?
Fwpg;gpl;l nehf;fk;	neuk;	bghUslf;fk;	Muha;r;rpahsh pd;; bray;	ftdpg;ghshpd; bray;	Xyp, xsp	kjpg;gPLjy;

					<b>mikg;g[</b>	
ftdpg;ghsh; kdr;rpijt[ nehapf;fhd fhuz';fs;;fisg;; gl;oaypLjy;	5 epkplk;	<b>1. kugpay; fhuzpfs;</b> bghJthd \$dj; bjhifapy; ,e;neha; 1 rjtPjk; fhzg;gLkhdhy; kdr;rpijt[ nehahspfspd; kpf beU';fpa cwtpdh;fSf;F (cld;gpwg;g[fs;) Rkhh; 10 rjtPjk; ,e;neha; fhzg;gLfpwJ. xU fU ,ul;ilah;fspy; ,e;neha; jPh;khdpf;fg;gl;l tpfpjkhJ 46 rjtPjkhFk;. ,U ,ul;ilah;fspy; ,J 14 rjtPjkhFk;. bgw;nwhhpy; xUth; kdr;rpijt[ nehahsp vdp; mth;fspd; FHe;ijfspy; 10 Kjy; 14 rjtPjk; ,e;neha; cUthf tha;g;g[ cs;sJ.	gl;oaypLjy;	ftdpj;jy;		kdr;rpjtpw;fhd fhuz';fs; ahit?

Fwpg;gpl;l nehf;fk;	neuk;	bghUslf;fk;	Muha;r;rpahsh pd;; bray;	ftdpg;ghshpd; bray;	Xyp, xsp mikg;g[	kjpg;gPLjy;
ftdpg;ghsh; kdr;rpijt[ nehapf;fhd fhuz';fs;;fisg;; gl;oaypLjy;	5 epkplk;	bgw;nwhh; ,UtUnk kdr;rpijt[ nehahspshf ,Ug;gpd; mth;fspd; FHe;ijfSf;F Rkhh; 46 rjtPjk; ,e;neha; cUthf tha;g;g[ cs;sJ. vdnt kugpay; xUth;f;F kdr;rpijt[ jhf;Ftjw;F Kf;fpa fhuzpahFk;. <b>2. <u>caph; ntipay; fhuzpfs;</u></b> jw;ngH \isapy; mjpfkHf Ruf;Fk; nlhg;ghikd; Fiwt[ ,e;neha;f;F fhuzkhfyhk.; <b>3.<u>kndhji;Jtf;</u></b> <b><u>fhuzpfs;</u></b> r\j;Jld; bjhlh;gw;W, jdpikg;gLj;jg;gLk; egh;fSf;F; kdr;rpijt[ neha; Vw;gl tha;g;g[s;sJ.	gl;oaypLjy;	ftdpj;jy;		kdr;rpijtpw;fhd fhuz';fs; ahit?



<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mikg;g[</b>	<b>kjpg;gPLjy;</b>
ftdpg;ghsh; kdr;rpijt[ nehapf;fhd fhuz';fs;;fisg;; gl;oaypLjy;	5 epkplk;	thH;f;ifapy; mjpfhpf;Fk; kdmGj;j epfH;r;rpfs; kug[ epiy fhuzkhf te;j me;j nehahy; ghjpf;fg;gl;ltUf;F kpft[k; ntfkhf mjpfhpf;f bra;a[k;. <b>3. rlf my;yJ NH;epiyf; fhuzpfs;</b> FHe;ijfs; bghpath;fspd; FLk;g NH;epiy rhjhuz kd vGr;rpapd; tsh;r;rpf;F tHp tFf;fhj ep[iyapYk;, rz;il rr;rut[fs; cs;s FLk;g';fspYk; kdr;rpijt[ jhf;f tha;g;g[z;L. <b>4. ntW fhuz';fs; :</b> ❖ fUt[w;w fhyj;jpy; bjhw;W nehapdhYk; rj;J FiwtpdhYk; ,e;neha; Vw;glyhk;.	gl;oaypLjy;	ftdpj;jy;	   	kdr;rpjtpw;fhd fhuz';fs; ahit?
<b>Fwpg;gpl;l</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp</b>	<b>kjpg;gPLjy;</b>




<b>nehf;fk;</b>					<b>mikg;g[</b>	
kdr;rpijt[ nehapf;fhd milahs';fs;, mwpFwpfis ftdpg;ghsh; fz;lwpjy;	10 epkplk;	❖ fUt[w;w fhyj;jpYk; kfg;ngW rpf;fy; Vw;god; ,e;neha; jhf;fyhk;.  <b>milahs';fSk;, mwpFwpfSk;</b> ❖ kdf;FHg;g';fs; epidt[ vd;gJ jdp;g;l;jj;Jtkpy;yhj tpjpfshy; Msg;gLfpwJ. brhy;yg;gLk; fhpha';fs; mh;j;jKs;sjhf ,uhJ my;yJ xU jiyg;gpypUe;J kw;bwhU jiyg;gpw;F khw;wpf; bfhs;Sjy; Vw;gLfpwJ.	tpthpj;jy;	ftdpj;jy;		kdr;rpjtpd; milahs';fs;, mwpFwpfs; ahit?
<b>Fwpg;gpl;l</b> <b>nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh</b> <b>pd;; bray;</b>	<b>ftdpg;ghshpd;</b> <b>bray;</b>	<b>Xyp,</b> <b>xsp</b> <b>mikg;g[</b>	<b>kjpg;gPLjy;</b>

kdr;rpijt[ nehapf;fhd milahs';fs,, mwpFwpfis ftdpg;ghsh; fz;lwpjy;	10 epkplk;	xU epidthdJ KGikg; bgWk; Kd;ng ngr;rpjy; jpObud FWf;fpLjy; Vw;gLk; rpwpJ ,ilbtspf;Fg; gpwF ,g;bghUs; gw;wp mth; brhy;y epidf;ifapy; mJ epidtpw;F tuhJ. gljpa thh;j;ijfs; brhw;bwhlh;fs; tps';f;pf; bfhs;s KoahjJ xU mwpFwpahFk;. ,t;thh;j;ijfs; xU fUj;ij tpsf;Ftjw;fhf fz;Lgpof;fg;gl;lit. ,tw;wpf;F brhy;yfuhjpapy; (of;dhp) mh;j;jk; fpilahJ. <ul style="list-style-type: none"><li>• kdr;rpijt[ nehahspfSf;F rpy rka';fspy; ngr;rhw;wy;; ,y;iy.</li></ul>	tpthpj;jy;	ftdpj;jy;		kdr;rpjtpd; milahs';fs,, mwpFwpfs; ahit?
<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp</b>	<b>kjpg;gPLjy;</b>

					<b>mikg;g[</b>	
kdr;rpijt[ nehapf;fhd milahs';fs,, mwpFwpfis ftdpg;ghsh; fz;lwpjy;	10 epkplk;	<ul style="list-style-type: none"> <li>gpwuhy; jpUk;gj; jpUk;g brhy;yg;gLk; thh;j;ijfs; kw;bwhU mwpFwpahFk;.</li> <li>nth;fSf;F jtwhd mirf;f Koahj ek;gpf;iffs; ,Ug;gjhy; nth;fs; r\ f gz;ghL, fy;tp epiy nghd;wit mw;wth;fs; Mth;. ,th;fSf;F btt;ntW tifahd jtwhd ek;gpf;iffs; cs;sd.</li> </ul> <p><b>mitahtd</b></p> <ul style="list-style-type: none"> <li>kw;wth;fs; Vkhw;Wfpd;wdh;. Jd;g[Wj;Jfpd;wdh;. tp#k; bfhLf;fpd;wdh;. my;yJ mtu bfhy;y Kay;fpd;wdh; vd epidg;gh;.</li> </ul>	tpthpj;jy;	ftdpj;jy;		kdr;rpjtpd; milahs';fs,, mwpFwpfs; ahit?
<b>Fwpg;gpl;l</b> <b>nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh</b> <b>pd;; bray;</b>	<b>ftdpg;ghshpd;</b> <b>bray;</b>	<b>Xyp,</b> <b>xsp</b>	<b>kjpg;gPLjy;</b>

					<b>mikg;g[</b>	
kdr;rpijt[ nehapf;fhd milahs';fs,, mwpFwpfis ftdpg;ghsh; fz;lwpjy;	10 epkplk;	<ul style="list-style-type: none"> <li>• ,J kdr;rpijt[ nehahfsplk; fhzg;gLk; kpfg;bghpa jtwhd vz;zk;. (blYfd;).</li> <li>• mth; Kf;fpakhd my;yJ gpurpj;j bgw;wth; vd;w vz;zk;</li> <li>• mUfpy; cs;sth; mtuJ elj;ijfs; fhe;j tpirahy; fl;Lg;gLj;Jfpwhh; vd epidg;gJ.</li> <li>• mtuJ vz;z';fs; gpwUf;F rj;jkhf xyp gugg;Ltjhf epidj;jy;.</li> <li>• cyfk; vd;gJ ,y;iy vd epidj;jy.;</li> </ul>	tpthpj;jy;	ftdpj;jy;	 	kdr;rpjtpd; milahs';fs,, mwpFwpfs; ahit?
<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mikg;g[</b>	<b>kjpg;gPLjy;</b>

kdr;rpijt[ nehapf;fhd milahs';fs,, mwpFwpfis ftdpg;ghsh; fz;lwpjy;	10 epkplk;	<b>g[hpe;J bfhs;Sjypy; FHg;gk;</b> <ul style="list-style-type: none"> <li>J}z;L nfhy; ,y;yhky; g[hpe;J bfhs;Sjy;; nehahspfsplk; fhzg;gLfpwJ.</li> </ul> <b>1. nfl;ly;</b> ,e;nehahspfsplk; bghJthf fhzg;gLk; FHg;gkhd g[hpe;J bfhs;Sk; rf;jp vd;dbtdpy; gpwUf;F nfl;fhj rj;j';fs; ,th;fSf;F nfl;gjhf czh;jy;. ,e;j rj;j';fs; nehahspfsdpd; elj;ijfis tpthpg;gjht[k; rk;gh#ids; elj;J tjht[k; elf;fg;nghFk; Mgj;Jfis vr;rhpg;gjht[k; my;yJ jdp;ggl;l egh;fSf;F fl;lis bfhLg;gjht[k; czh;th;.	tpthpj;jy;	ftdpj;jy;		kdr;rpjtpd; milahs';fs,, mwpFwpfs; ahit?
Fwpg;gpl;l	neuk;	bghUslf;fk;	Muha;r;rpahsh pd;; bray;	ftdpg;ghshpd; bray;	Xyp, xsp	kjpg;gPLjy;


<b>nehf;fk;</b>					<b>mikg;g[</b>	
kdr;rpijt[ nehapf;fhd milahs';fs,, mwpFwpfis ftdpg;ghsh; fz;lwpjy;	10 epkplk;	rpy rka';fspy ;,e;j rj;j';fs; jdp egUf;F “ngha;r; rht[ nghd;w fl;lis bfhLg;gjhf ,Uf;Fk.; ,jdhy; jdp egh; jw;bfhiy elf;fpwJ.  <b>2. ghh;j;jy;</b> J}z;Ljy; ,y;yhkny cUt';fis ghh;g;gjhf czh;jy;.  <b>3. bjhLjy;</b> Vnjh xd;W clk;gpd; kPJ Ch;e;J bry;tjhf gpuk;ik Vw;gLk;.  <b>4. Urp</b> tpUk;gj;jhfhj Urpia czh;jy;.  	tpthpj;jy;	ftdpj;jy;		kdr;rpjtpd; milahs';fs,, mwpFwpfs; ahit?
<b>Fwpg;gpl;l</b> <b>nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh</b> <b>pd;; bray;</b>	<b>ftdpg;ghshpd;</b> <b>bray;</b>	<b>Xyp,</b> <b>xsp</b> <b>mikg;g[</b>	<b>kjpg;gPLjy;</b>
kdr;rpijt[	10	<b>5. kzk; my;yJ nkhg;gk;</b>	tpthpj;jy;	ftdpj;jy;		kdr;rpjtpd;

nehapf;fhd milahs';fs,, mwpFwpfis ftdpg;ghsh; fz;lwpjy;	epkplk;	tpUk;gj;jhfhj Jh;ehw;wj;ij czh;jy; <b>FHg;gkhf kdep iy</b> rhpapy;yhj kdbtGr;rpf;Fhpa gjpy; kfr;rpijt[ cs;s nehahsp Jf;fkhd NH;epiyapy; rphpg;gJk; re;njhrkhd NH;epiyapy; mGtJkhf ,Ug;gh;. mtUf;F re;njh#j;ij mDgtpf;Fk; jd;ik ,uhJ. <b>euk;g[ kz;lyj;jp;;y; Vw;gLk;</b> <b>FHg;g';fs;</b> Fiwe;j kndhghtidfs; my;yJ mjpfkhd kndhghtidfs;.				milahs';fs,, mwpFwpfs; ahit?
<b>Fwpg;gpl;l</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp</b>	<b>kjpg;gPLjy;</b>



<b>nehf;fk;</b>					<b>mikg;g[</b>	
kdr;rpijt[ nehapf;fhd milahs';fs,, mwpFwpfis ftdpg;ghsh; fz;lwpjy;	10 epkplk;	<b>cjhuzk; :</b> czh;r;rp trg;gl;l kdepiy, vjph;f;Fk; kdepiy, Xa;tpy;yhik ele;J bfhs;Sk; tpjk; my;yJ m';;fnr#;il) cilatuhf ,Ug;gh;. jd;id Fwpj;J ftiyg;gLgtuhfnth neh;j;jpahd g[wj;njhw;wk; cilatuhfnth ,Uf;f khl;lhh;.  <b>kw;w Fzajpra';;fs;</b> ❖ Ke;ija epiyfis xg;gpLk; nghJ ntiy bra;tjpYk; gpwUld; bjhlh;g[ bfhs;tjpYk; jd;idf; Fwpj;J ftiy bfhs;tjpYk; Fiwt[s;stuhft[k; ,Ug;gh;.	tpthpj;jy;	ftdpj;jy;		kdr;rpjtpd; milahs';fs,, mwpFwpfs; ahit?





<b>Fwpg;gpl;l</b> <b>nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh</b> <b>pd;; bray;</b>	<b>ftdpg;ghshpd;</b> <b>bray;</b>	<b>Xyp,</b> <b>xsp</b>	<b>kjpg;gPLjy;</b>
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					<b>mikg;g[</b>	
kdr;rpijt[ nehapf;fhd milahs';fs,, mwpFwpfis ftdpg;ghsh; fz;lwpjy;	10 epkplk;	❖ j';fSila nehiag; gw;wp mwpahjpUg;ghh;fs; ❖ mth;fSila jPh;khdk; ed;whf ,y;yhjhy; mth;fshfnt Kot[ vLf;f KoahJ. ❖ kd mGj;jKk; fl;lis ,Lk; rj;jKk; nrh;e;J ,e;nehahspfsplk; fhzg;gLtjhy; jw;bfhiy epfH;r;rpfs; Vw;glyhk;. ❖ kd rhl;rpF;Fk; Mnyhrid mspg;gjw;f;Fk; ftd <h;g;g[f;Fk; "hg rf;jpf;Fk; mwpt[ "hdj;jpw;Fk; ,e;nehahspfsplk; ,lk; ,y;iy.	tpthpj;jy;	ftdpj;jy;		kdr;rpjtpd; milahs';fs,, mwpFwpfs; ahit?
<b>Fwpg;gpl;l nehf;fk'</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mikg;g[</b>	<b>kjpg;gPLjy;</b>


gl;oaypLjy; ftdpg;ghsh; kdr;rpijt[ nehapf;fhd jLf;Fk; Kiwfs gl;oaypLjy;	5 epkplk;	<b>jLf;Fk; Kiwfs;</b> <ul style="list-style-type: none"> <li>• kfg;ngW fhyj;jpy; kd mGj;jj;ij Fiwj;jy;.</li> <li>• FHe;ijf;F jha;g;ghy; bfhLg;gjd; \yk; kdr;rpijt[ neha; tUtij Fiwf;fyhk;.</li> <li>• kpfr;rpW tajpnyna nfhJik gjhh;j;ij Fiwg;gjd; \yk; kdr;rpijt[ neha; tUtij Fiwf;fyhk;.</li> <li>• nghypf; mkpyj;j fUt[w;w fhy';;fspy; &lt;Lbra;atjpd; \yk; kdr;rpijt[ nehia jLf;fyhk;.</li> <li>• fUt[w;w fhy';;fspy; fjphpaf;f glj;ij jtph;g;gjd; \yk; ,e;nehia jLf;fyhk;.</li> </ul>	gl;oaypLjy;	ftdpj;jy;	 	kdr;rpijitj; jLf;Fk; Kiwfs; ahit?
<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mikg;g[</b>	<b>kjpg;gPLjy;</b>
gl;oaypLjy;	5 epkplk;	• FHe;ijfs; tsh;e;J tUk;	gl;oaypLjy;	ftdpj;jy;		kdr;rpijitj;

ftdp;ghsh; kdr;rpj[t nehapf;fhd jLf;Fk; Kiwfs gl;oaypLjy;		<p>fhy';;fspy; kd mGj;jj;ij Fiwg;gjhy; ,e;j neha; tuhjgo ghJfhf;fyhk;.</p> <ul style="list-style-type: none"><li>Fwkhd fy;tp cztpy; ngh#f;F ey;y rlf NH;epiyia mjpfhpg;gjd; ,e;neha; tuhjgo jLf;fyhk;.</li><li>Mz; FHe;ijfSf;F Kjy; tUl;jpy; itl;lkpd; D ia &lt;L bra;tjd; \yk; ,e;nehia jLf;fyhk;.</li></ul> <p><b>rpfpr;ir Kiwfs; :</b></p> <p>kdr;rpj[t rpfpr;iraspf;fg;glf; Toa neha;. ,J kdehy kUj;Jtkidapy; rpwg;ghf rpfpr;iraspf;fg;gLfpwJ.</p>			<div></div> <div></div>	jLf;Fk; Kiwfs; ahit?
ftdp;ghsh; kdr;rpj[t nehapf;fhd rpfpr;iria tpsf;Fjy;	8 epkplk;		tpthpj;jy;	ftdp;jy;	kdr;rpjtpw;;fhd rpfpr;irfs; ahit ?	

Fwpg;gpl;l nehf;fk;	neuk;	bghUslf;fk;	Muha;r;rpahsh pd;; bray;	ftdpg;ghshpd; bray;	Xyp, xsp mikg;g[	kjpg;gPLjy;
ftdpg;ghsh; kdr;rpjlt[ nehapf;fhd rpfpr;iria tpsf;Fjy;	8 epkplk;	gy;ntW tifahd rpfpr;ir Kiwfs; : <b>1. kUe;J khj;jpiufs; bfhLj;J rpfpr;iraspj;jy; ::</b> <ul style="list-style-type: none"> <li>• kd neha;f;fhd kUe;Jfshd Fnshg;g[nuhkrpd;; bu!;bghplhd;; nQyhbghplhy; ,f;nshrgpd; Mfpaitfist; bfhLg;gjpd; \yk; rpfpr;iraspf;fyhk;.</li> <li>• kd neha; kUe;Jfis rhg;gpLk; xU nehahsp thfdj;ij Xl;Lk; nghJk; Mgj;jhd ,ae;jpu';fisnah ,af;Fk; nghJk; vr;rhpf;if eltof;iffis filgpoj;jy; ntz;Lk;. Vbddpy; J}f;f kaf;fk; Vw;gLk;.</li> </ul>	tpthpj;jy;	ftdpj;jy;	   	kdr;rpjtpw;;fhd rpfpr;irfs; ahit ?

[illegible]



<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mikg;gl</b>	<b>kjpg;gPLjy;</b>
ftdpg;ghsh; kdr;rpjlt[ nehapf;fhd rpfpr;iria tpsf;Fjy;	8 epkplk;	<ul style="list-style-type: none"> <li>tha; cyh;e;J nghFk; gpur;rpil ,Ue;jhy; mof;fo rpwpjst[ jz;zPh; Fog;gJk;, Nap';fk; Ritg;gJk;; bra;ayhk;.</li> <li>kd neha;f;fhd kUe;Jfisr; rhg;gpLk; nghJ kJ mUe;Jjy; TlhJ. ,J gf;f tpidt[fis mjpfhpf;fr; bra;ayhk;.</li> <li>vy;yh neu';fspYk; vd;d kUe;Jfs; rhg;gplg;gLfpd;wd vd;w</li> </ul>	tpthpj;jy;	ftdpj;jy;	 	kdr;rpjtpw;;fhd rpfpr;irfs; ahit ?


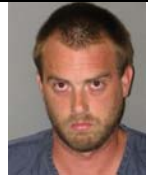
		tptukl';fpa ml;ilianah my;yJ milahs ml;ilianah cld; vLj;jr; bry;y ntz;Lk;.				
<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mikg;g[</b>	<b>kjpg;gPLjy;</b>
ftdpg;ghsh; kdr;rpjlt[ nehapf;fhd rpfpr;iria tpsf;Fjy;	8 epkplk;	<b>2. kpd; mjpu;;;t[ rpfpr;ir :</b> mlf;f Koahj kdbtGr;ropa[k; kUe;Jfshy; Vw;gl;l nkhrkhd gf;f tpist[fisa[k; vw;gLk; bghGJ kpd; mjpu;;;t[ rpfpr;ir mspf;fg;gLfpwJ. <b>3. kndhjj;Jt rpfpr;ir :</b> <b>m.</b> nehahspfSf;Fk; mf;FLk;gj;Jf;Fk; nehapd; jd;ikiaa[k; mjd; fhy ,ilbtspiaa[k; rpfpr;ir Kiwfisa[k; gw;wpa fy;tp mwpitj; jUjy;.	tpthpj;jy;	ftdpj;jy;		kdr;rpjtpw;;fhd rpfpr;irfs; ahit ?



		<b>M. FG Mnyhrid :</b> gpur;ridiaj; jPh;f;Fk; tHpiaa[k] kw;Wk; jfty; bjhlh;g[ gw;wpa mwpitg; nghjpj;jy;.				
<b>Fwpg;gpl;l</b> <b>nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh</b> <b>pd;; bray;</b>	<b>ftdpg;ghshpd;</b> <b>bray;</b>	<b>Xyp,</b> <b>xsp</b> <b>mikg;g[</b>	<b>kjpg;gPLjy;</b>
ftdpg;ghsh; kdr;rpjlt[ nehapf;fhd rpfpr;iria tpsf;Fjy;	8 epkplk;	<b>„ FLk;g Mnyhrid :</b> fy;tpawpt[ jtpu FLk;gj;jpw;F rlf mwpt[ E}q}f;f;fisf; fw;W bfhLj;J FLk;g kd mGj;jj;ij Fiwf;ft[k; Mnyhrid mspf;fg;gLfpwJ.  <b>&lt;. itj;jpa rh!;jpuk; :</b> ,r;rpfpr;ir Kiw FLk;g NH;epiyapy; mspf;fg;gLk; itj;jpa rh!;jpukhFk;.  <b>c. jdpegh; kd ey rpfpr;ir:</b>	tpthpj;jy;	ftdpj;jy;		kdr;rpjtpw;;fhd rpfpr;irfs; ahit ?




		,aw;ifahf Cf;Ftpf;fg;gLk; Kiw. ,J jdpG;gl;l                          nehahspf;F mspf;fg;gLfpwJ.				
FwpG;gpl;l nehf;fk;	neuk;	bghUslf;fk;	Muha;r,rpahsh pd;; bray;	ftdpg;ghshpd; bray;	Xyp, xsp mikg;g[	kjpg;gPLjy;
ftdpg;ghsh;  kdr;rpijt[  nehapf;fhD  rpfpr;iria  tPsf;Fjy;          ftdpg;ghsh; kdr;rpijt[	8  epkPlk;	C. kd ey kWthH;t[:  ,J itj;jpa rh#;jpUj;Jld; ,ize;jJ. ,r;rpfpr;ir     Kiw     ntiy     bra;a[k; gHf;fk;, my;yJ Ke;ija bghHpypy; tHpfl;lJy;                                 jdpahshf ntiyapykh;jy;,             nkYk;         Ra ntiytha;g;igg;   bgWjy;   nghd;w bray;ghLfis cs;sl';fpaJ.   <b>Kd;ndw;wj;jpw;fhD milahs';fs; :</b>	tphpj;jy;          tphpj;jy;	ftdpj;jy;          ftdpj;jy;		kdr;rpijtpw;;fhD  rpfpr;irfs;  ahit ?          kdr;rpijt[ neha;     cs;sthpd;


nehahspapd; Kd;ndw;w';fis RU';f TWjy;		<b>ey;y Kd;dilahs';fs; :</b> <ul style="list-style-type: none"> <li>➤ nehapd; Jtf;f epiyia mile;jpUj;jy;</li> <li>➤ 35 tajpw;F nky; ,e;neha; tUjy;</li> </ul>				Kd;ndw;w';fs; gw;wp tpthp ?
<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mikg;g[</b>	<b>kjpg;gPLjy;</b>
ftdpg;ghsh; kdr;rpijt[ nehahspapd; Kd;ndw;w';fis RU';f TWjy;	8 epkplk;	<ul style="list-style-type: none"> <li>➤ FHg;gkilar; bra;a[k; fhuzpfs; fhzg;gLjy;</li> <li>➤ Fiwe;j ,ilbtsp (6 khj';fs;)</li> <li>➤ bgz; ,dk;</li> <li>➤ rpfpr;irf;F ey;y Kot[ tUjy;</li> <li>➤ gpw nehahspahf rpfpr;ir bgwy.;</li> </ul> <b>bfl;l Kd;dilahs';fs; :</b> <ul style="list-style-type: none"> <li>❖ 20 taJf;F Kd;dhy; ,e;neha; tUjy;</li> </ul>	tpthpj;jy;	ftdpj;jy;		kdr;rpijt[ neha; cs;sthpd; Kd;ndw;w';fs; gw;wp tpthp ?


		❖ kd mGj;jf; fhuzpfs; ,y;yhjpuj;jy;.tpahjp Kjph;e;j fhyk; (2 tUlj;jpw;Ff; fPH;) ❖ kdr;rpijt[ neha; cs;s FLk;g rhpj;jpuk;				
<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mikg;g[</b>	<b>kjpg;gPLjy;</b>
ftdpg;ghsh;	8 epkplk;	❖ Mz;; ,dk; ❖ rpfpr;irf;F ey;y Kot[tpy;yhjpuj;jy; ❖ ePz;l fhyk; kUj;Jtkidapnyna rpfpr;ir bgWjy;.  <b>tPl;oy; filg;gpof;f ntz;oa</b> <b>ghJfhg;g[ Kiwfs;;</b>	tpthpj;jy;;	ftdpj;jy;		kdr;rpijt[

kdr;rpijt[ nehahspfis tPl;oy; itj;J ftdp;g;gijg; gw;wp tpthpj;jy;		kdr;rpijt[ nehahy; ghjpf;fg;gl;Ls;stw;fis <u>tPl;oy;</u> itj;J ftdpj;jy; vd;Gj FLk;gj;jpdu; kw;Wk; ghJfhtyh;fis bghWj;nj mika[k;.				nehahspia vt;thW tPl;oy; itj;J ftdpf;fg; glyhkh?
<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdp;g;ghshpd; bray;</b>	<b>Xyp, xsp mikg;g[</b>	<b>kjpg;gPLjy;</b>
ftdp;g;ghsh; kdr;rpijt[ nehahspfis tPl;oy; itj;J ftdp;g;gijg; gw;wp tpthpj;jy;	8 epkplk;	kdr;rpijt[ nehahspapd; beU';fpa kf;fSk; FLk;g egh;fSk; ,e;neha; gw;wpa[k; vt;tpjk; mJ caph;fisg; ghjpf;fpwJ vd;gJ gw;wpa[k; fw;Wf; bfhs;Sjy; kpf Kf;fpakhFk;. ,e;neha; kWgoa[k; njhd;Wtjw;fhd mwpFwpfis FLk;g	tpthpj;jy;	ftdpj;jy;		kdr;rpijt[ nehahspia vt;thW tPl;oy; itj;J ftdpf;fg; glyhkh?


		<p>egh;fs; bjhpe;J bfhs;fpd;wdh;. nkYk; mth;fspd; md;g[f;Fhpath;fs; Jtf;f epiyapnyna cjtp bgw;W kWgoa[k; ,e;neha; tUtijj; jLf;fpd;wdh;. me;j egh; Mzpj;jukhd bgha;ahd ek;gpf;iffisg; bgw;wpUe;jhy; mtUld; tpthjk; bra;jy; TlhJ.</p>				
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<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mikg;g[</b>	<b>kjpg;gPLjy;</b>
ftdpg;ghsh; kdr;rpijt[ nehahspfis tPl;oy; itj;J ftdpg;gijg; gw;wp tpthpj;jy;	8 epkplk;	NH;epiy Mgj;jhf Koa[bkd gae;jhy; cjtpf;Fg; gpwiu miHf;f ntz::Lk;.  ,e;nehahsp fw;gidf; fhl;rpfisg; bgw;wpUg;gpd; mtiuf; bgah; brhy;yp miHj;J mth; vd;d fhz;fpwhh; vd;Wk; Twr; bra;J mtUf;Ff; nfl;Fk; rj;jk; cz;ikay;ybtd TWjy;.  kUe;J rhg;gpLtjw;F nehahspia Cf;fg;gLj;jp kUe;Jfs; vt;thW mth;fspd; rj;j';fis nfl;fjppypUe;J tpLtpf;fpwJ gw;wpa[k; kUe;Jf;fspd; gf;f tpist[fisg; gw;wpa[k; th;fSlD; ngryhk;.	tpthpj;jy;	ftdpj;jy;		kdr;rpijt[ nehahspia vt;thW tPl;oy; itj;J ftdpf;fg; glyhkh?

<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mikg;g[</b>	<b>kjpg;gPLjy;</b>
ftdpg;ghsh; kdr;rpijt[ nehahspfis tPl;oy; itj;J ftdpg;gijg; gw;wp tpthpj;jy;	8 epkplk;	rpy rka';fspy; kdr;rpijt[ nehahspfs; mth;fshfnt Koahjgo kpft[k; neha;tha;gLthh;fs.; kdr;rpijt[ nehahspfspd; mwpFwpfs; \yk; nehapd; Kw;wpa epiyiaj; bjhlh;e;J mth;fisf; fl;og;nghl;nlh mth;fspd; rk;kjk; ,y;yhknyh rpfpr;iraspf;fg;gLfpd;whh;fs;.  FLk;gj;jpy; ,e;neha; ghjpf;fg;gl;ltUf;F rpfpr;iraspg;gjw;F rl;l';fSk; bray;KiwfSk; bjupe;J bfhs;s cdJ gFjpapYs;s kUj;Jt ty;Ydu;fspIk; bjhppe;J bfhs;Sjy;.	tpthpj;jy;	ftdpj;jy;		kdr;rpijt[ nehahspia vt;thW tPl;oy; itj;J ftdpf;fg; glyhkh?

Fwpg;gpl;l nehf;fk;	neuk;	bghUslf;fk;	Muha;r;rpahsh pd;; bray;	ftdpg;ghshpd; bray;	Xyp, xsp mikg;g[	kjpg;gPLjy;
ftdpg;ghsh; kdr;rpijt[ nehahspfis tPl;oy; itj;J ftdpg;gijg; gw;wp tpthpj;jy;	8 epkplk;	<p>kdr;rpijt[ neha; fz;l rpyh; \\h;f;j;jfj;ija[k; btwpr;bray;fisa[k; btspg;gLj;Jth;.</p> <p>jw;bfhiy bra;J bfhs;tjw;fhd milahs';fshd ,ug;g[fisg; gw;wpa ngRjy; tPupakpf;f kUe;Jfisir; rhg;gpLjy; kJ mUe;Jjy; nghd;w milahs';fis Kf;fpakhf g[hpe;J itj;jy; kpf mtrpak;.</p> <p>kdr;rpijt[ neha; Kw;wpYk; Fzg;gLj;j ,ayhj jhapDk; thH;f;ifapy;Xd;W my;yJ Xd;Wf;F nkw;gl;l Kiwfspy; ,e;nehahy; jhf;fg;gl;lth;fs;.</p>	tpthpj;jy;	ftdpj;jy;		<p>kdr;rpijt[ nehahspia vt;thW tPl;oy; itj;J ftdpf;fg; glyhkh?</p>



<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mkg;g[</b>	<b>kjpg;gPLjy;</b>
ftdpg;ghsh; kdr;rpijt[ nehahspfis tPl;oy; itj;J ftdpg:gijg; gw;wp tpthpj;jy;	8 epkplk;	jhf;fg;gl;l ,ilbtspfSf;F kj;jpapy; rhjhuzkhd thH;f;if thH Koa[k;.  FLk;gj;jpy; ftdpg;g[k; ghJfhg;ghd NH;epiya[k; nehahspfSf;Ff; bfhLf;fg;gl ntz;Lk;. nehahspfis nfyp ngRjy; jtph;f;fg;gl ntz;Lk;. <b>Kot[iu</b>  neha; Kjph;r;rpap;d; milahs';fSk; neha;a[k; mjpg Cf;fj;jpw;F tHptFf;Fk; gljpajhd FLk;gj;jpdh; gaj;ija[k; ftiyaa[k; ghprpypf;f ,ayhbjdf;	tpthpj;jy;	ftdpj;jy;		kdr;rpijt[ nehahspia vt;thW tPl;oy; itj;J ftdpf;fg; glyhkh?

		fz;lwpag;gLfpwJ.				
<b>Fwpg;gpl;l nehf;fk;</b>	<b>neuk;</b>	<b>bghUslf;fk;</b>	<b>Muha;r;rpahsh pd;; bray;</b>	<b>ftdpg;ghshpd; bray;</b>	<b>Xyp, xsp mikg;g[</b>	<b>kjpg;gPLjy;</b>
		,e;nehiag; gw;wpa mwptpahik cs;s FLk;g egh;fs; ,e;nehia mjpfhpj;jy; nghd;w rpf;fy;fSf;F tHptFg;gh;. vdnt FLk;g egh;fspd; mwpit tpUj;jpailar; bra;a cstpay; fy;tp cWjp bra;ag;gl;l btw;wpfukhd Xd;whf mika[k; vdf; fUjg;gLfpwJ.				

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**APPENDIX-K**

FLASH CARD  
ON  
SCHIZOPHRENIA

**kdr;rpijt[ neha;**



**bghUs;**



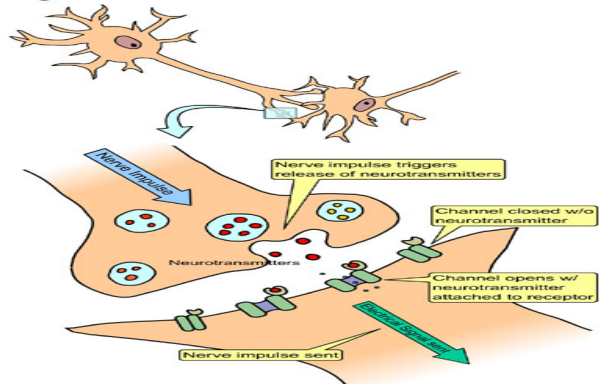
**kdr;rpijt[ neha;**  
**fhuzpfs;**



**kugpay; fhuzpfs;**



Figure D-2: Neurotransmitters



Rug;gpfs; njitapd;wp mjpgkhf Ruj;jy;



FLk;gj;jpy; rz;ilfs;





jdpj;jpUj;jy;



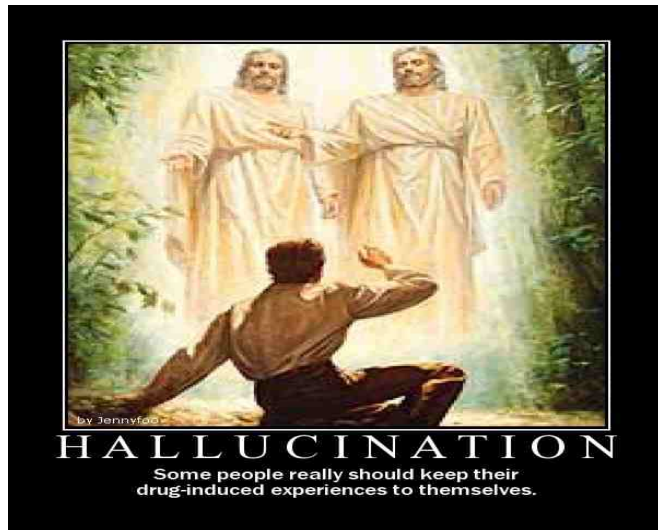
ntiy gS



r\ f gpur;ridfs;  
milahsfSk;, mwpFwpfSk;



gpwUf;F nfl;fhj rg;j';fs; jdf;F nfl;ly;



gpwUf;F fhzhj cUt';fs;  
fhDjy;

ehd; xU Kf;fpa jdf;F  
gpuKfu; vd epidj;jy;



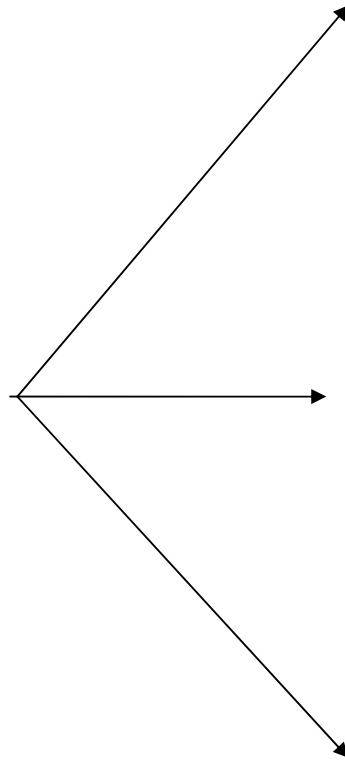
**vd; epidt[fis fl;Lg;gLj;Jjy;**



**jw;bfhiy  
Kaw;rp**

# iLf:Fk: Kiwfs:

fh;g;gfhy guhkhp;g[



fh;g;gfhy ghpnrhjid



fh;g;gfhyj;jpy; fjph;g;ghpnrhjid





**rpfr;ir Kiwfs;**



**Kiwahd kd neha; kUe;J**





**jdpegh; kdeg rpfpr;ir**



**vyf;l;nuh fd;ty;rpt; rpfpr;ir**



**mof;fo rpwpjst[  
jz;zPh; Foj;jy;**



**thfdk; xl;Lk;  
vr;rhpf;ifahf**

,Uj;jy;



gLf;ifapypUe;J vGk;



kJghdk;

**ng hJ b kJthf**  
**vH ntz;Lk;**

**mUe;jf;TlhJ**

**Kd;ndw;w**

**Kd;ndw;w  
mwpFwpfs; mjpfk;**



**bqz;fs;**



**20 taipw;F**

**Kd;ndw;w  
mwpFwpfs; Fiwt[**



**Mz;fs;**



**35 taipw;F nk;**



**tPl;oy; ghJfhf;Fk; Kiwfs;**



**ed;whf Cf;Ftpj;jy;**



**ed;whf ftdpj;;jy;**

# Kot[iu]







## ASSESSMENT OF KNOWLEDGE THROUGH STRUCTURED QUESTIONNAIRE



## ADMINISTERING PSYCHO EDUCATION



## PROGRAMME CHAPTER-I

## INTRODUCTION

Schizophrenia is a common psychiatric disorder. One percentage of the total population suffers from schizophrenia. The severity of the symptoms and chronic patterns of schizophrenia often causes a high degree of disability. It was found that families who are new to the illness are unable to deal with fear and sorrow. Lack of knowledge of family members leads to more complications like recurrence. Psycho education for the family have been considered to be the most promising and successful one to improve knowledge of family members **(Barbato.A,2009)**.

Studies have shown that genetics, neurobiology, environmental, psychological and social factors are important contributory factors of schizophrenia. Some of the recreational activities and medications might cause or worsen symptoms. Researches in the psychiatric field are now focused on the role of neurobiology, but no single organic cause has been found. Genetic causes could put a person at higher risk for developing schizophrenia and stressful life events could trigger onset of the symptoms **(Sahebarao Mahadik, 2008)**.

Schizophrenia is a chronic debilitating mental illness. It causes isolation in the patients. It is known as a psychotic illness, which means a person, with schizophrenia may experience delusions, hallucinations and disordered thoughts. Most of them have no insight into their illness. So they are unaware of their illness. So they need continuous support from the family members **(International Mental Health Research Institution, 2007)**.

Complete cure is difficult in case of schizophrenia. So preventive measures and early detection can be focussed. Promising results in the prevention and delay of transition to psychotic disorder from high risk state have been found. Untreated psychosis is associated with poor outcome of schizophrenia. Early diagnosis, intervention in psychosis, including promotion of early help-seeking behaviour, will promote better outcomes in schizophrenia. Early intervention programmes are more effective than routine management. The main preventive measures for schizophrenia are decreasing the maternal stress during pregnancy, avoiding X-ray exposure during pregnancy, and lowering the level of stress for child while growing up (**Yung AR, 2007**).

A combination treatment of anti-psychotic medication and a talking treatment such as cognitive behavioural therapy can be used in schizophrenia. One in four people with the illness completely cure within five years. Psychological therapies are the important pathway to treatment. For most patients, symptoms can be decreased and wellbeing can be increased (**Sooraj Gupta, 2006**).

Family therapy is especially effective in chronic schizophrenia patients. It typically consists of a brief program of family education about schizophrenia. It has found that relapse rates of schizophrenia are higher in families with high expressed emotions. So the significant others are taught to decrease expectations and family tensions, by giving social skills training to enhance communication and problem solving. (**International Mental Health Research Institution, 2009**).

Indian families have been typically described as often believing in causes like supernatural forces and therefore seek help from magico-religious healers observe. Beliefs about the causation of schizophrenia could influence the attitudes of patients' families adopt towards the patient and may also influence their help-seeking behaviour. This is particularly true of rural and semi-urban populations in India and those hailing from an orthodox and very religious background who through religious centres of healing in search of a desperate cure for mental illness. So a psycho education on schizophrenia is essential to remove these superstitions (**Srinivasan,Thara, 2003**).

A study conducted to assess the effectiveness of psycho education program on knowledge of schizophrenia for patients with schizophrenia and their family members in Netherlands. A total sample of 108 schizophrenia patients and their family members were selected. The results showed that the mean scores of knowledge before the program was 6.92(SD=2.6) and after the programme was 7.82(SD=1.92). The researcher concluded that psycho education improved the knowledge of patients and caregivers (**Christine Rummel, 2002**).

## **NEED FOR THE STUDY**

The schizophrenia patients have disturbances in thought and cognitive impairment. It is a chronic disorder and in between multiple acute episodes are occurring. The family members are the people who are supposed to provide psychosocial support to the schizophrenia patients. The goal of psycho education is to make people aware of schizophrenia thereby improving the knowledge and fostering an easier and effective course of illness.

In the worldwide population, 1% is schizophrenia sufferers. It is often a chronically disabling condition therefore this condition is highly responsible for the population's morbidity. The incidence rate of schizophrenia is 18 - 20 cases per 100,000 populations per year. Its peak age of onset is different for men and women. The average age of onset for men and women are 20-25 and 25-30 respectively. Schizophrenia occurs in all societies regardless of class, colour, religion, culture. However there are some variations in terms of incidence and outcomes for different groups of people (**Dr.Robin Murray, 2009**).

Schizophrenia ranks among the top 10 causes of disability in developed countries worldwide. The main leading cause of mental disability that WHO was given is schizophrenia. The prevalence rate for schizophrenia is 1.1% of the population. It means at any one time 51 million people worldwide suffer from schizophrenia, including; 6 to 12 million people in china, 4.3 to 8.7 million people in India, 2.2 million people in USA, 285,000 people in Australia, 280,000 people in Canada, 250,000 diagnosed cases in Britain (**Murray and Lopez, 2009**).

Rates of schizophrenia are generally similar from country to country-about 0.5% to 1 percent of the population. Another way to express the prevalence of schizophrenia at any given time is the number of individuals affected per 1,000 total population. In the India, prevalence rate of schizophrenia is 7.2 per 1,000. The number of people who will be diagnosed as having schizophrenia in a year is about one in 4,000. So about 1.5 million people will be diagnosed with schizophrenia in one year, worldwide (**NIMH, 2009**).

A study conducted to assess prevalence of schizophrenia with other mental disorders among the general population in India. Case registers and field surveys were used to collect data. The study revealed that there was no significant differences in prevalence of schizophrenia between males and females, nor between urban and rural and sites, and that lifetime prevalence of schizophrenia is 4.0/1000 (**Dinesh Bhugra,2005**).

A study conducted to assess the effectiveness of psycho education program on knowledge and attitude on schizophrenia among caregivers of schizophrenia patients in Thrissur. The results showed that the mean scores of knowledge and attitude before the program were 6.06 and 29.37 and after the program were 6.91 and 37.57 respectively. It was concluded that psycho-educational program on schizophrenia increase the knowledge and attitude of caregivers (**Sreeraj N.S, 2007**).

## **STATEMENT OF THE PROBLEM**

**A Study To Assess The Effectiveness Of Psycho Education Programme On Knowledge Of Schizophrenia Among Caregivers Of The Patients With Schizophrenia, In a Selected Hospital, Coimbatore.**

## **OBJECTIVE**

- To assess the knowledge on schizophrenia among care givers of the patients with schizophrenia.
- To administer psycho education programme on schizophrenia among caregivers of the patients with schizophrenia.
- To reassess the knowledge on schizophrenia among caregivers of the patients with schizophrenia.
- To associate the findings with selected demographic variables.

## **OPERATIONAL DEFINITIONS**

### **Psycho education programme**

Psycho education programme refers to the education offered to caregivers of schizophrenia patients by using flash cards on meaning, causes, signs and symptoms, prevention, treatment, prognosis, and home care of schizophrenia patients.

### **Effectiveness**

It refers to the outcome of the psycho education programme on schizophrenia in terms of knowledge gained by caregivers of the patients with schizophrenia.

### **Knowledge**

Knowledge refers to the caregivers' possession of information regarding meaning, causes, signs and symptoms, treatment, prognosis and care of schizophrenia.

### **Patients**

Persons who are diagnosed as schizophrenia for about six months.

### **Caregivers**

Those who are taking care of patients with schizophrenia for about six months like family members, relatives or friends.

## **ASSUMPTIONS**

- Caregivers of patients with schizophrenia have inadequate knowledge regarding schizophrenia.
- Psycho education programme will enrich their knowledge on schizophrenia.

## **HYPOTHESIS**

There is a significant difference between pre test and post test scores on knowledge among care givers of patients with schizophrenia.

## **LIMITATIONS**

- Caregivers of the patients with schizophrenia who are attending in psychiatric out patient department of Vazhikatti hospital.
- Caregivers of the patients with schizophrenia who are willing to participate in the study.
- Care givers of the patients with schizophrenia who are spending more time with the schizophrenia patients.
- The duration of data collection is only four weeks.

## **PROJECTED OUTCOME**

- The findings of the study will identify the knowledge of schizophrenia among care givers of the patients with schizophrenia.
- The psycho education programme will be effective and also will help caregivers of the patients with schizophrenia to improve their knowledge on schizophrenia.
- The findings of the study will help the nurse to plan psycho education programme.

## **CONCEPTUAL FRAMEWORK**

A conceptual framework or a model which is made up of concepts which are the mental images of the phenomenon. These concepts are linked together to express the relationship. A model is used to denote the symbolic representation of the concepts.



The conceptual frame work used in this study is Imogene King's goal attainment theory. It is based on the personal and interpersonal system including interaction, perception, communication, transaction, stress, growth and development, time and space.

According to this theory, two people meet in some situation, perceive each other, make judgement about the other, take some mental action and react to each one of these. Since these behaviours can not be directly observed, one can make inferences about same. The next step in the process is interaction, which can be directly observed. The last step in this model is transaction, which is dependent upon the achievement of the goal.

The investigator adopted King's goal attainment theory as basis for conceptual framework, which is aimed to develop a psycho education programme for caregivers on schizophrenia and to find out the effectiveness of psycho education programme by assessing the care givers' knowledge before and after the education.

The six major concepts of the phenomenon are described as follows.

### **1. Perception**

Perception is a process in which data obtained through senses and from memory are organised, interpreted and transformed, which are related to past experience, concept of self and educational background. Perception is universal, yet highly subjective and unique to each person. It is not observable, but it can be inferred. Here the investigator's perception is needed to promote knowledge on schizophrenia.

## **2. Judgement**

The investigator decided to provide education regarding schizophrenia among caregivers of the patients with schizophrenia, and to reinforce their knowledge on schizophrenia.

## **3. Action**

Action refers to mental or physical activity to achieve the goal what the individual perceive. The investigators action in the study was to plan for psycho education programme for the caregivers on schizophrenia and the caregivers' action is willing to learn and improve their knowledge.

## **4. Reaction**

In this study, the investigator's and caregiver's reaction are setting mutual goal. The investigator planned to assess the knowledge regarding schizophrenia.

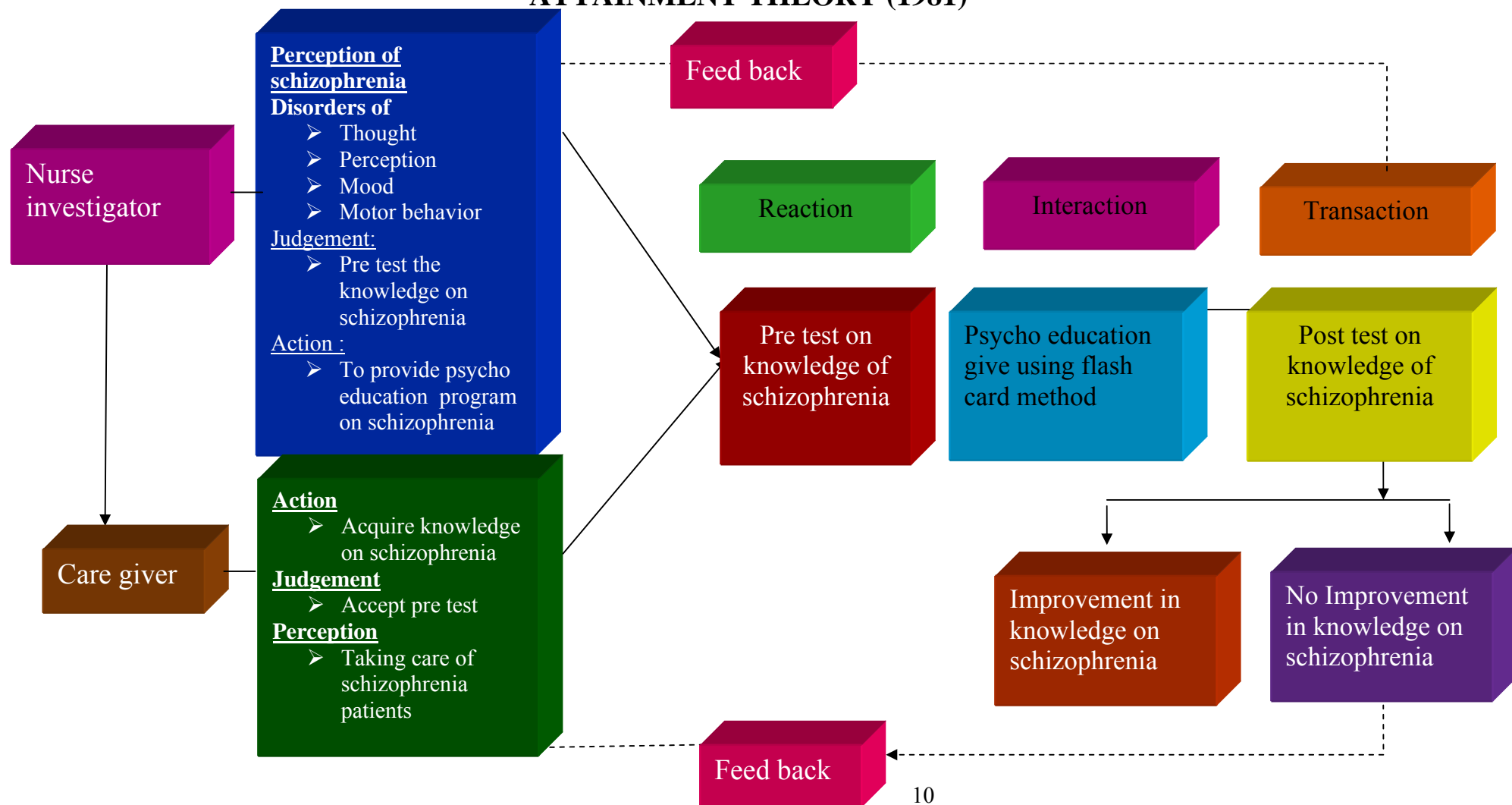
## **5. Interaction**

Refers to the verbal and non verbal behaviour of individual and the environment between two or more individual. In this study, the investigator interacts with the caregivers by giving pre test questionnaire and psycho education programme.

## **6. Transaction**

It refers to attainment of a goal. In this stage, the investigator reassesses the knowledge of caregivers by post test and analysing the effectiveness of psycho education programme.

**FIGURE :1**  
**CONCEPTUAL FRAME WORK BASED ON MODIFIED IMOGENE KING'S GOAL**  
**ATTAINMENT THEORY (1981)**



## **CHAPTER-II**

### **REVIEW OF LITERATURE**

Review of literature is an important step in the development of any research project. It helps the investigator to analyse what is known about the topic and to describe methods of enquiry used in earlier work including the success and short coming. It gives a broad understanding of the problem.

Review of literature is a written summary of the state of an art on a research problem. It helps the researcher to familiarize themselves with the knowledge base. It includes the activities involved in identifying and searching comprehensive picture of a state of knowledge on that topic **(Polit and Hungler, 1995)**.

An extensive review of literature was done to gain insight in to the selected problem to have a logical sequence and easy under standing, the review of literature has been described under following heads. The researcher has made use of the available resources and has viewed the related and non research, so as it proceed with the study.

The review of literature has been described under the following heading.

**SECTION: A.** Studies related to schizophrenia.

**SECTION: B.** Studies related to psycho education program on schizophrenia.

## **SECTION: A. STUDIES RELATED TO SCHIZOPHRENIA**

A study conducted to assess the help seeking behaviors of patients with schizophrenia in Shanghai. Two hundred and two patients with schizophrenia were selected. The results showed that among them, 122 patients had sought help from non-psychiatric facility and 80 patients sought help from psychiatric hospital. The researcher concluded that reasons for seeking treatment from non-psychiatry facility are, feeling shameful, fearful and isolated about going to psychiatric hospitals, inaccessibility to or lack of availability of psychiatric hospitals, and fear of receiving electro convulsive therapy (**Zhuoji Tai, 2010**).

A study conducted to determine the use of antipsychotic drugs and electroconvulsive therapy for schizophrenia in Varanasi. The results showed that in 2000, 47% schizophrenia patients were on antipsychotic drugs. In 2008, the percentage of patients on antipsychotic drugs increased to 77.2%. Use of ECT was 0.5% and 5.6% in 1999 and 2008 respectively. The study concluded that use of antipsychotic drugs changes over time. The researcher concluded that mental health professionals should have adequate knowledge regarding antipsychotic drugs to ensure patient safety (**Janakiraman Raghuraman, 2010**).

A study conducted to assess the genetic factors in men with early onset schizophrenia in Surat. A total sample of 40 male schizophrenia patients with clinical onset before age 25 years were selected. The results showed that one of the parent of 12(30%) of them was schizophrenia patient. The researcher concluded that genetic causes are important in the aetiology of schizophrenia (**Mukesh Patel, 2009**).

A study conducted to assess the schizophrenia psychopathology in

a Kuwaiti Arab sample in Kuwait. Total samples of 130 patients were selected. The results showed that of the ICD-10 symptoms, the commonest positive symptoms were hallucinations (58.5%) and delusions (72%). Catatonic symptoms were rare (2.9%). About a quarter of the subjects experienced 4 of the negative symptoms the researcher concluded that study of schizophrenia psychopathology from the Arab world, the clinical manifestations were similar to the data from the developed countries ( **Zahid MA, 2009**).

A comparative study conducted to assess the effectiveness of antipsychotic medication and psychosocial intervention on outcomes of chronic schizophrenia in Gwalior. A total sample of 1200 was selected. The results showed that rates of treatment discontinuation were 35% in the psychosocial treatment group and 52.8% in the medication group. The psychosocial treatment group exhibited good outcome. The researcher concluded that among chronic schizophrenia patients, psychosocial intervention have a lower rate of treatment discontinuation, good prognosis and improved social functioning than antipsychotic medication (**Kailash Pande, 2009**).

A study conducted to assess the effectiveness of clozapine in treatment resistant schizophrenia in Beijing, China. Twenty two patients with treatment resistant schizophrenia were selected. They are evaluated using the positive and negative syndrome scale for schizophrenia. The results showed that 60% of the study group responded to clozapine therapy during the observation period. The researcher concluded that clozapine has therapeutic efficacy in treatment resistant schizophrenia (**Xiang .Y.T, 2009**).

A study to assess the neurodevelopmental factors associated with

schizotypal symptoms among adolescents at risk for schizophrenia conducted in Chicago. A total sample of 114 Israeli adolescents were selected in which 39 adolescent offspring of parents with schizophrenia, 39 offspring of parents with other psychiatric disorders, and 36 offspring of parents with no history of mental illness. The results showed that Interpersonal schizotypal symptoms were more prevalent in the schizophrenia offspring group than in the no-mental-illness offspring group. Adolescent schizotypal symptoms were associated with neurobehavioral symptoms measured during middle childhood. They concluded that young people who had genetic risk for schizophrenia, minor physical anomalies, and neurobehavioral signs together were at markedly increased risk for symptoms of interpersonal schizotypal symptoms, compared to young people with one or none of these risk factors **(Hans SL, 2008)**.

A prospective study conducted to assess the course of illness in schizophrenia and prediction of outcome in Nasik. A total sample of 86 schizophrenia patients were selected and assessed using the Strauss-Carpenter outcome scale and Vaillant and Stephens prognostic scale. The study findings revealed that the outcome criteria used correlated at best moderately with one another. Between 60 and 90 percent of the sample were judged to have an unfavourable prognosis on the Vaillant and Stephens scales. In contrast, the outcome was relatively favourable for 50 to 60 percent of the patients. In prognostic validity, the Strauss-Carpenter scale was superior to all of the other scales investigated. However, a prognostic relationship was only established for social outcome. Social outcome dimensions showed the highest prognostic validity (e.g., employment and social contacts) **(Digvijay Mehta, 2007)**.

A study conducted to assess the healthcare-seeking behaviour of

schizophrenic patients in Cambodia. One hundred and four schizophrenia patients were selected. The results showed that 56.7% began the healthcare seeking behaviour with treatment measures other than psychiatric medicine because they did not know it was a mental problem or mental health services are existed. The researcher concluded that the lack of knowledge on schizophrenia and mental health facilities appears the main reason to explain the schizophrenic patients' health care seeking behaviour **(Coton.X,Poly.S, 2007)**.

A study conducted to explore the factors underlying suicide attempts among patients with schizophrenia in Delhi. A total sample of 336 schizophrenia patients was selected and who were consecutively evaluated. The results showed that 97 or 29% of them reported suicide attempts. Number of depressive episodes in the lifetime, earlier age of onset, and an earlier age at hospitalization was associated with the number of suicide attempts. The researcher concluded that there is an association between the suicidal tendency and the psychosocial variables **(Gupta.S, 2007)**.

A cross sectional study conducted to assess the depressive and negative symptoms in schizophrenia in Malegaon, Maharashtra. A total sample of seventy eight was selected. The tools used were Sheehan disability scale and quality of life scale to assess the depressive symptoms. The negative symptoms were assessed by using Wechsler Adult Intelligence Scale. The researcher concluded that depressive symptoms in schizophrenia are mainly a function of the level of social adjustment and quality of life, whereas negative symptoms constitute an indicator of severity of schizophrenia **(Vinay Tiwari, 2006)**.

A descriptive study conducted to assess the causes of schizophrenia



reported by family members of African Americans hospitalized with schizophrenia in Atlanta. Sixty one family members of 38 patients with a first episode or an acute exacerbation of persistent schizophrenia were selected. The results showed that the sample endorsed predominantly supernatural causes. Many family members also endorsed personality and societal causes, as well as family causes. Compared with family members in the persistent group, family members in the first-episode group were more likely to select supernatural causes. The researcher concluded that family members have lack of knowledge regarding causes of schizophrenia. **(Michelle L. Esterberg, 2006).**

A study conducted to find the association between the knowledge and identification of symptoms among schizophrenic patients in Kolkata. A total sample of eighty five schizophrenia patients and 35 control participants were selected. The results showed that, most of the schizophrenic patients rejected to explain their symptom as a psychotic symptom. The researcher concluded that lack of knowledge; feelings of isolation and shyness are the causes for low symptom awareness in schizophrenia patients **(Kalidas Mukherjee, 2006).**

A study conducted on drug trial with haloperidol deaconate injections for schizophrenia in Chandigarh. Thirty three patients suffering from schizophrenia were selected and entered the trial. The results showed that the patients who received haloperidol deaconate injections had reduced severity of symptoms. The researcher concluded long acting haloperidol deaconate is an effective agent in the maintenance therapy of ambulatory schizophrenia patients **(Varma V.K, 2005).**

A study conducted to assess the effectiveness of electroconvulsive therapy in treatment resistant schizophrenia among the outpatient department in UK. A total sample of 25 was selected. The results showed that electroconvulsive therapy treated patients improved significantly after 6 electroconvulsive therapies over successive weeks. The researcher concluded that ECT augmentation may well have a significant impact on the clinical course of patients with treatment resistant schizophrenia **(Utpal Goswamy, 2004)**.

A study conducted to assess the knowledge and belief of causes of schizophrenia among the family members of schizophrenia patients in a rural community setting in south India. A total sample of 80 was selected. It was found that seventy (87.5%) of the subjects in the whole sample held at least one biomedical explanation for the schizophrenia. Minority of the subjects considered it as a disease attributed to black magic or evil spirits. The study concluded that training programs should elicit and discuss local beliefs prior to the teaching of the biomedical model of mental disorders **(Joel D, 2004)**.

A descriptive study conducted to assess the type of hallucinations among a group of patients with schizophrenia in Thiruvananthapuram. Fifty inpatients and 44 outpatients were selected and assessed. The results showed that auditory hallucinations was found in 47% of the inpatient sample and among the outpatient sample, 20% showed hallucinations. The prevalence of visual hallucination was 18% in the inpatient group and 8% in the outpatient group. The researcher concluded that auditory hallucinations are the predominant type of hallucinations in schizophrenia patients **(Jayaprakash. R, 2003)**.

A study conducted to assess the beliefs regarding causes of schizophrenia reported by caregivers of schizophrenia patients in Sirmur, Himachal Pradesh. A total sample of 245 family members of 135 patients with schizophrenia was selected. The results revealed that 195(80%) of them identified the causes of schizophrenia as social, interpersonal and psychological problems rather than genetic and neurological causes. Hence, their belief differs from health care professionals' theories about the biomedical causes of schizophrenia. The researcher concluded that lack of communication between the health care professionals and patients is the reason for this difference in beliefs. So effective communication measures can be developed to understand help-seeking behaviours of patients (**Ambalika, 2003**).

A study conducted to assess the prognostic variables in schizophrenia among the schizophrenics in London. A total sample of 100 schizophrenia patients was selected. The results showed that patients who have more family support (43%) had good prognosis. The study concluded that familial patterns of interactions and supports are important variables which may contribute to good prognosis (**Kulhara. P, 2003**).

A comparative study on the clinical features characterizing young onset and intermediate onset schizophrenia conducted in Orissa. A total sample of 259 was selected. The researcher concluded that on global measures of psychotic, disorganized, and negative symptoms, early-onset patients had greater disorganized and negative symptoms but did not differ in hallucinations and delusions. The dichotomy of early vs. late onset may extend to a younger population, reflecting a more continuous

influence (**Susan. K, 2003**).

A study conducted to estimate the prevalence of schizophrenia among urban population in Chennai. A total sample of 1,01,229 was selected. The results showed that a higher prevalence rate was seen in the males and in the age group 15-45 years. The researcher concluded that the schizophrenia is highly prevalent in slums, in those living alone, in those with no schooling, in Christian communities and in unemployed group of peoples in urban areas ( **Padmavathi R, 2002**).

A Community based survey conducted to assess the beliefs of the caregivers of the patients with schizophrenia regarding the causes of schizophrenia in Bali. A total sample of 42 caregivers was selected and among them, 20 had received psychiatric treatment and 22 had never received psychiatric treatment. The results showed that most of the caregivers attributed supernatural causes to schizophrenia than other causes. Among them 15 caregivers suggested natural causes are most important and 27 caregivers listed a supernatural cause. The caregivers who suggested supernatural causes had higher age, less education and no relatives of them were received psychiatric treatment. The study revealed that caregivers' attribution of supernatural causes was related to illiteracy and lack of knowledge regarding psychiatric facilities in their area (**Toshiyuki Kurihara, 2002**).

A study conducted to assess the effectiveness of group treatment for substance abuse in schizophrenia in Bhopal. A total sample of 18 attended the group and was assessed pre group. Thirteen subjects completed a 1-year follow-up, and 5 subjects were assessed between 3 and 6 months. The results showed that 8 subjects (44%) were abstinent.

The researcher concluded that group treatment appears to be effective for reducing substance abuse in this population (**Praveen Shinde, 2002**).

A prospective study conducted to assess the family interaction and the course of schizophrenic illness in Germany. Ninety-nine families of outpatients diagnosed with schizophrenia were selected and examined with the Munster family interview during a home visit. The results showed that the best Munster family interview scale for all the outcome criteria was resignation; criticism predicted only the symptomatology, and emotional over involvement, the level of social functioning after 1 year. The researcher concluded that practical work with families of schizophrenic patients should emphasise the protective function of relatives towards patients more strongly (**Stricker. K, 2002**).

A study conducted to assess the behaviour during auditory hallucination in schizophrenics in outpatient department of institute of mental health, Madras. The sample consists of 30 schizophrenia patients. There were both overt (shouting) and covert (praying, listening) symptoms were present. The study conclude that the voices were more for those with more intense behaviour in comparison to those whose behaviour was less intense (**A. Ramanathan, et al., 2001**).

## **SECTION B: STUDIES RELATED TO PSYCHO EDUCATION PROGRAMME ON SCHIZOPHRENIA**

A study conducted to assess the gender differences in patient and caregiver psycho education for schizophrenia in Kadappa, Andhra Pradesh. A total sample of 1002 patients and 176 caregivers were selected. The results showed that after the psycho education, women gained more knowledge than males. The researcher concluded that

psycho educational programs might be better adapted to males in order to improve their knowledge (**Chalapathi Rao, 2009**).

A study conducted to assess the effectiveness of video educational intervention for the relatives of schizophrenia patients in Madurai. Sixty-nine persons participated in the oral presentation groups comprising eight sessions and 128 persons participated in the video education comprising six sessions. The results showed that the participants in the video groups felt more often that the lessons were useful to them than did the participants in the oral presentation groups. The researcher concluded that brief video educational intervention can yield significant benefits in meeting the needs of family members (**Selvakumar.S, 2009**).

A study conducted to assess the effectiveness of psycho education program on schizophrenia for caregivers of people with schizophrenia in Rajasthan. A total sample of 70 was selected. The results indicated that after the psycho education programme, there was a greater improvement on family and patient functioning and shorter lengths of patient hospitalizations. The researcher concluded that, psycho education programme can effectively help families to care for a schizophrenic relative (**Bharat Kumar Singh, 2009**).

A study conducted to assess the effectiveness of an online psycho educational program for relatives of both veterans and civilians living with schizophrenia in USA. A total sample of 60 was selected. The results showed that majority of participants in the program attended more than half the core online support sessions, expressed high levels of satisfaction, and found the technology easy to access. The researcher concluded that the online psycho education program was effective

**(Glynn .S.M, 2008).**

A study conducted to assess the effectiveness of a family psycho educational programme on caregivers of schizophrenia patients in Ranchi, Uttar Pradesh. A total sample of 110 was selected. The investigator conducted psycho education programme in two sessions; one session with 15 minutes and another session with 1 hour. The study showed that even though overall there was significant increase in knowledge scores regarding schizophrenia after the two sessions, the caregivers who attended 1 hour session had high schizophrenia interview subcategory scores. The researcher concluded that effectiveness of family psycho education programme depend on the time spent on the program per member **(Ashutosh Mahajan, 2008).**

A comparative study conducted on effects of group cognitive behaviour therapy and group psycho education in acute patients with schizophrenia in Germany. A total sample of 88 inpatients with schizophrenia was selected. The results showed that quality of living improved significantly in both treatments in most dimensions. Within group effect sizes for general quality of living at follow up were 0.25 for cognitive behaviour therapy and 0.29 for psycho education. No significant differences between cognitive behaviour therapy and psycho education were found at post-treatment and at 6 month follow up. The researcher concluded that both brief group cognitive behaviour therapy and group psycho education improve subjective quality of living in patients with schizophrenia **(Bechdolf.A, 2008).**

A study conducted to assess the efficacy of a psycho educational intervention in improving relative's knowledge about schizophrenia and reducing hospitalisation in Ireland. 101 relatives of 55 patients were selected. The results showed that patients whose relatives attended the group had significantly fewer days in hospital and days per admission compared to controls in the year after the programme. They concluded that a psycho educational group, which is valued by carers, is effective in increasing their knowledge about schizophrenia as well as reducing and the rehospitalization of their affected relatives (**Cassidy E, 2007**).

A study conducted to assess the effectiveness of psycho educational intervention for rural families experiencing schizophrenia in Namakkal. A total sample of 326 family members of the schizophrenia patients was selected. The results showed an improvement in knowledge and a change in the caring attitudes of the family members after the psycho educational intervention. The researcher concluded that psycho educational intervention is effective and suitable for psychiatric rehabilitation in rural communities (**Ramachandran. C, 2007**).

A study conducted to assess the effectiveness of patient education for improving patient knowledge on schizophrenia in Norway. One hundred and twenty samples were selected. The results showed that the mean scores of knowledge before the program was 7.89(SD=2.8) and after the programme was 15.82(SD=1.2).The researcher concluded that psycho education improved the knowledge of schizophrenia patients (**Merinder LB, 2006**).



A study conducted to assess the effectiveness of psycho education programme on relationship of family functioning and social support levels of patients with schizophrenia in Noida. A total sample of 66 was selected. The scale used was family-Oriented Perceived social support scale. The results showed that following psycho education, a significant difference was found between the experimental group and control group in terms of family functioning of caregivers and the levels of family social support perceived by patients. The researcher concluded that psycho education program is highly effective to develop healthy family functioning, based on the levels of family social support perceived by patients (**Aditi Chopra, 2005**).

A study conducted to assess the effectiveness of psycho education programme on family burden and awareness of patient suicidal ideas in caregivers of schizophrenia patients in Kurnool. A total sample of 100 was selected. The results showed that 60% of family members providing care to persons with schizophrenia had high rates of burden. The researcher concluded that psycho education to family members helped to decrease the burden of family members. ( **Sivaraj R, 2004**).

A study conducted to assess the effectiveness of psycho education programme on schizophrenia among caregivers of schizophrenia patients in Hyderabad. A total sample of 120 was selected. The results showed that the mean knowledge scores before and after the programme were 9.2 and 16.2 respectively. The researcher concluded that psycho education programme improved the knowledge of caregivers on schizophrenia.

**(Krishna Hegde, 2004)**

A descriptive study conducted to assess the effectiveness of a supportive educational programme among relatives of schizophrenia patients in Ludhiana. Seventy parents with a schizophrenic offspring were selected. The results showed that there was a substantial reduction in distress symptoms, burden and the amount of family conflict; increase in the duration of home visits, out of home excursions and knowledge of schizophrenia. The researcher concluded that supportive educational programme has an important role in psychosocial intervention with relatives of the schizophrenia patients **(Ashish Tyagi, 2004)**.

## **CHAPTER III**

### **RESEARCH METHODOLOGY**

#### **INTRODUCTION**

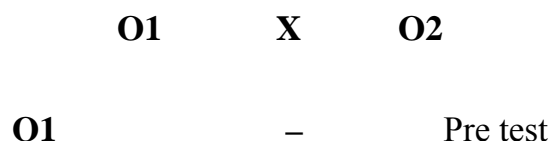
Methodology of the study indicates general pattern, research approach and research design, the setting, the sampling technique and variables. It indicates the general pattern for organizing the procedure for empirical study together with the method of obtaining valid reliable data for problem under investigation (**Burns and Grove, 1995**).

This chapter deals with the methods adopted for the study and includes the description of the research design, setting of the study, variables, population, sample size, sampling technique, criteria for sampling selection, description of the tool, method of data collection and plan for data analysis.

#### **RESEARCH DESIGN**

The term research design refers to researchers overall plan for obtaining answers to the research questions or for testing the research hypothesis (**Polit and Hungler, 2008**).

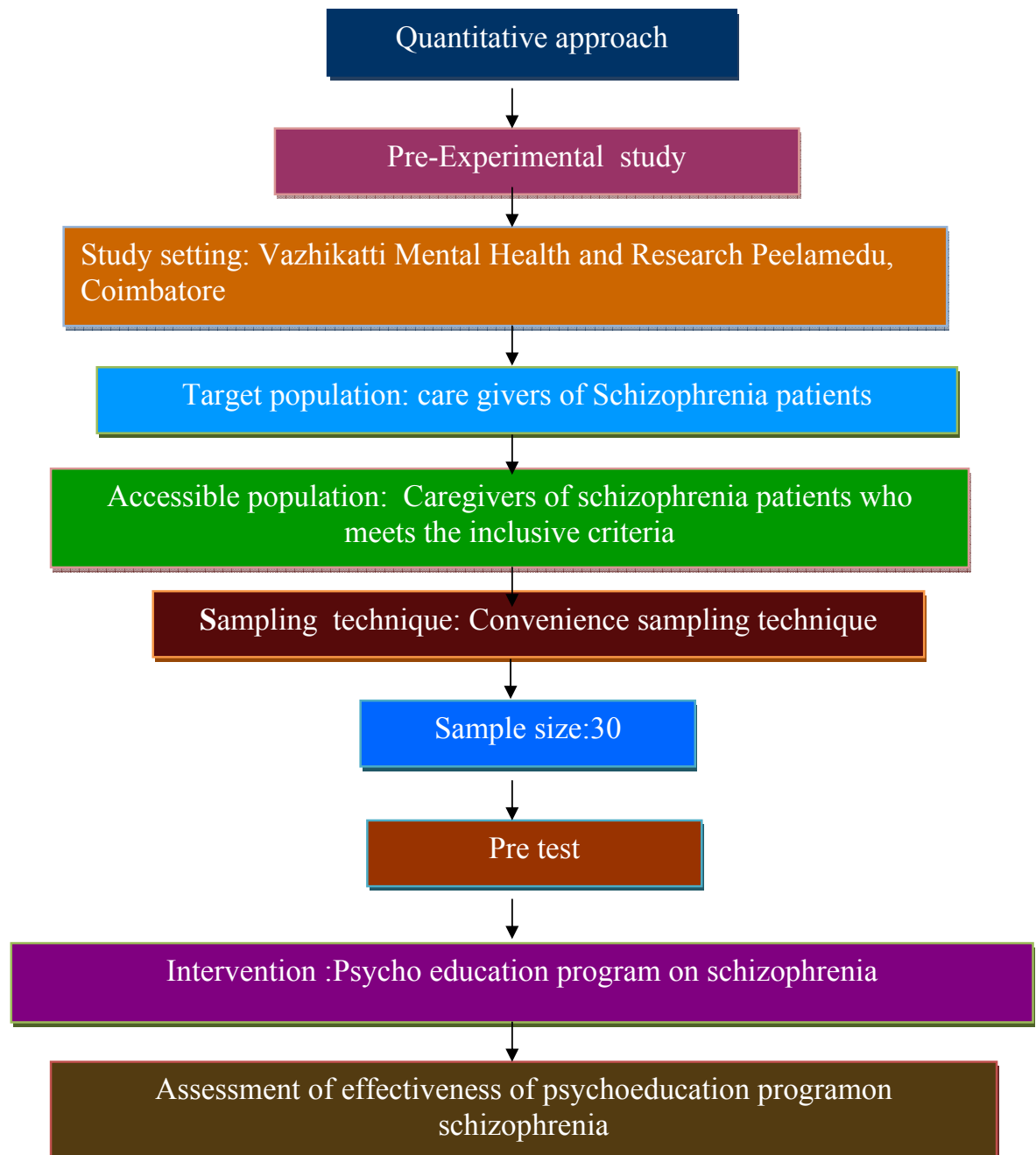
The researcher adopted one group pre-test and post test, pre experimental design. The study design depicted as below,

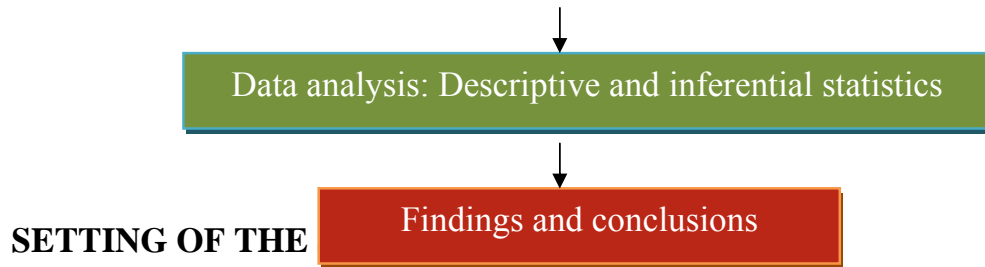


X	–	Intervention
O2	–	Post test

**FIGURE 2.**

## **SCHEMATIC REPRESENTATION OF RESEARCH DESIGN**





Setting is the physical, location and condition in which the data collection takes place. **(Polit and Hungler, 1999).**

The study was conducted in outpatient department of Vazhikatti Mental Health centre and Research Institute, Peelamedu, Coimbatore. It is a 36 bedded, government licensed and the most comprehensive psychiatric care facility in the western parts of Tamilnadu. It was started in the year 1993 by Dr. K. Selvaraj. It is approximately 15 km from the K.G College of Nursing, Saravanampatti, Coimbatore. Total population is 150 and among this, 140 is the target population.

## **VARIABLES**

Variables are concepts at different levels of abstractions that are concisely defined to promote their measurement or manipulation within study.

### **Independent Variable**

Psycho education program on schizophrenia.

### **Dependent Variables**

Knowledge of care givers on schizophrenia.

### **Influencing Variables**

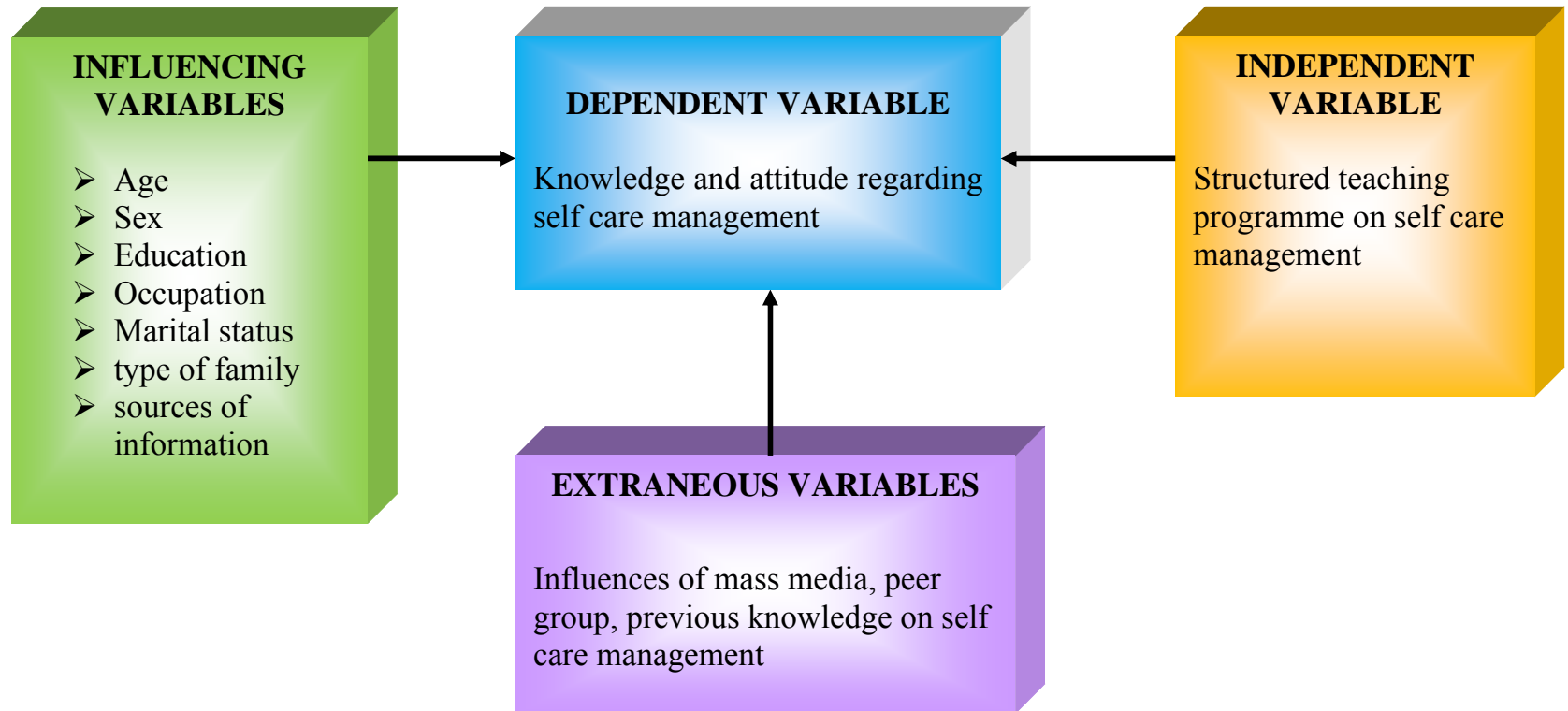
Age, gender, education, occupation, income, marital status, type of

family, length of stay with patient.

### **Extraneous Variables**

Influences of mass media, health care professionals.

**FIGURE 3**  
**RELATIONSHIP BETWEEN THE VARIABLES**



## POPULATION

Total population of the present study is 150. Target population is 40.

## SAMPLE SIZE

Sample is the subset of population selected to participate in a research study. Sample size is determined by using Mahajan's formula and it follows allowable error method.

$$\text{Sample size (n)} = \frac{4pq}{L^2}$$

Where 4 = Constant number

p = Percentage population

q = 100-p

L = Allowable error (15)<sup>2</sup>

p = Target population/Total population x 100

p = 40/150 x 100

p = 26

q = 100-26=74

n =  $\frac{4 \times 26 \times 74}{15 \times 15}$

=  $\frac{7696}{225}$ =34

n = 30

According to this, investigator decided to take 30 samples for the present study.

## SAMPLING TECHNIQUE

Sampling is a process of selecting a portion of the population to obtain data regarding a problem. Convenience sampling technique was adopted for this study.



## **CRITERIA FOR SAMPLE SELECTION**

### **Inclusion criteria**

- Care givers the patients with schizophrenia who are attending in
- Psychiatric out patient department of Vazhikatti hospital.
- Caregivers of the patients with schizophrenia who are willing to participate in the study.
- Caregivers of the patients with schizophrenia with the age group between 20-60 years.
- Caregivers of the patients with schizophrenia who can read and write English or Tamil.

### **Exclusion criteria**

- Caregivers of the patients with schizophrenia with past history of psychosis.

## **DESCRIPTION OF THE TOOL**

The tool consists of two sections;

### **SECTION-A**

Demographic data such as age, gender, marital status, type of family, education, occupation, income, length of stay with patients.

### **SECTION- B**

Comprised of 20 multiple choice questions regarding schizophrenia that is general information on schizophrenia (1-5), causes (6-7), signs and symptoms (8-9), prevention,(10) treatment (11-17),prognosis(18-19) and care of schizophrenia patients (20).

**Scoring key:** Score “1” for every correct answer and score “0” for wrong answer. Based on the scores overall adequacy of the knowledge is graded as inadequate knowledge ( $\leq 50\%$ ), moderately adequate knowledge (51-75) and adequate knowledge ( $>75\%$ ).

## **TEACHING MODULE**

The teaching module was developed by reviewing literature and by obtaining experts opinions. The psycho education program consists of meaning, causes, signs and symptoms, prevention, treatment, prognosis and home care of schizophrenia patients.

## **CONTENT VALIDITY**

Content validity refers to the extent to which a measuring instrument provides adequate coverage of the topic under study. Criteria rating scale for validation of the tool was developed with options like strongly agree, agree, disagree and need modification and suggestion from experts. The tool was submitted to six experts in the psychiatric department. Experts were asked to give their opinions and suggestions about the concept of the tool. Modifications were made as per expert's opinion.

## **RELIABILITY**

The test of reliability is an important test of sound measurement Reliability tested by split-half technique. The sample was first divided in to equivalent halves and reliability was measured. The reliability for structured questionnaire was found to be 0.8. This indicated that the tool was reliable.

## **PILOT STUDY**

Pilot study is a trial run for major study to test the reliability, practicability, appropriateness and flexibility of the tool for the study. The investigator conducted a pilot study with 10 samples at K.G Hospital, Coimbatore, on the first week of June 2010. The data was analyzed by using descriptive statistics that is mean, percentage and standard deviation of the variables and were calculated and compared. Results revealed that there was a positive correlation. The tool was found to be feasible and practicable. The investigator proceeded for the main study.

## **METHOD OF DATA COLLECTION**

The study was conducted at outpatient department of Vazhikatti Mental Health and Research Institute, Peelamedu, Coimbatore. Data collection was done within the period of 4 weeks. At first the investigator obtained the permission from hospital administration for conducting the study. Before the pretest, the investigator introduced self, the purpose and benefits of the study was explained to the caregivers of schizophrenia patients and the confidentiality of the caregivers were assured.

Data collection was done using structured questionnaire. In pre test the investigator administered structured questionnaire to each sample to assess the knowledge of caregivers on schizophrenia. First day pretest was conducted by structured questionnaire and psycho education program was conducted on the same day approximately for 45 minutes. Post test was conducted on seventh day by using the same questionnaire to find the effectiveness of teaching.

## **PLAN FOR DATA ANALYSIS**

Data was analyzed on the basis of objectives and hypothesis by using descriptive and inferential statistics.

1. Descriptive statistics was used to analyze the frequency, percentage, mean and standard deviation of the following variables.
  - a) Demographic variable
  - b) Knowledge
2. Inferential statistics was used to determine the comparison, relationship and association.
  - a. Mean, standard deviation, paired “t” test was used to identify the relationship and compare between pre test and post test knowledge.
3. Chi-square was used to find the association between demographic variables.

## **CHAPTER IV**

### **DATA ANALYSIS AND INTERPRETATION**

Analysis is categorizing, ordering, manipulation and summarizing of data to obtain answers to reach and questions.

This chapter deals with analysis and interpretation of data collected from 30 caregivers of schizophrenia patients between the age group of 20-60 years, in Vazhikatti Mental Health and Research institute, Peelamedu, Coimbatore, to evaluate the effectiveness of psycho education program on schizophrenia. The purpose of analysis was to reduce the collected data to an intelligible and interpretable form so that the relation of the research problem can be studied and tested.

The study findings are tabulated as follows.

- Table -1:** Distribution of demographic variables of caregivers of the patients with schizophrenia.
- Table -2:** Distribution of level of knowledge among caregivers of the patients with schizophrenia on various aspects of schizophrenia.
- Table -3:** Comparison of pre test and post test knowledge scores of schizophrenia among care givers of the patients with schizophrenia.
- Table -4:** Coefficient of variation between pre test and post test knowledge scores of schizophrenia among care givers of the patients with schizophrenia.
- Table -5:** Association between the level of knowledge of schizophrenia among care givers of the patients with schizophrenia with selected demographic variables.

**TABLE- 1**  
**DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF**  
**CAREGIVERS OF THE PATIENTS WITH SCHIZOPHRENIA.**

**n=30**

<b>SL NO</b>	<b>DEMOGRAPHIC VARIABLES</b>	<b>NUMBER</b>	<b>PERCENTAGE (%)</b>
1.	<b>Age in years</b>	8	
	a) 21-30	12	26.67
	b) 31-40	7	40
	c) 41-50	3	23.33
	d) 51-60		10
2.	<b>Gender</b>		
	a) Male	8	26.67
	b) Female	22	73.33
3.	<b>Education</b>		
	a) Primary level	6	20
	b) Secondary level	15	50
	c) College level	9	30
4.	<b>Occupation</b>		
	a) Unemployed	13	43.33
		4	13.33
	b) Coolie	6	20
		7	23.33
	c) Business		
	d) Professional		

5.	<b>Income</b> a)Rs.2001-5000/- b)Rs. 5001/-Rs.10000/- c) Rs.10,000 and above	4 20 6	13.33 66.67 20
6.	<b>Marital Status</b> a) Married b) Unmarried c) Divorced d) Widowed	23 5 1 1	23 16.67 3.33 3.33
7.	<b>Type of family</b> a) Joint family b) Nuclear family	11 19	36.67 63.33

Table (1) shows distribution of demographic variables of caregivers of schizophrenia patients on schizophrenia.

Regarding the age of caregivers, 8(26.67%) of them were between 21-30 years, 12(40%) of them were between 31-40 years, 7(23.33%) of them were between 41-50 years, 3(10%) of them were between 51-60 years.

Regarding the gender, 8(26.67%) were males and 22(73.33%) were females.

While taking the educational status, 6(20%) of them primary level, 15(50%) of them secondary level, 9(30%) of them college level.

Regarding the occupation, 13(43.33%) of them unemployed, 4(13.33%) of them were coolie, 6(20%) of them were doing business, 7(23.33%) of them professional.

As per the income, 12(40%) of them were Rs.2001-5000, 14(46.67%) of them were Rs.5001-10,000, 4(13.33%) of them were Rs. 10,000 and above.

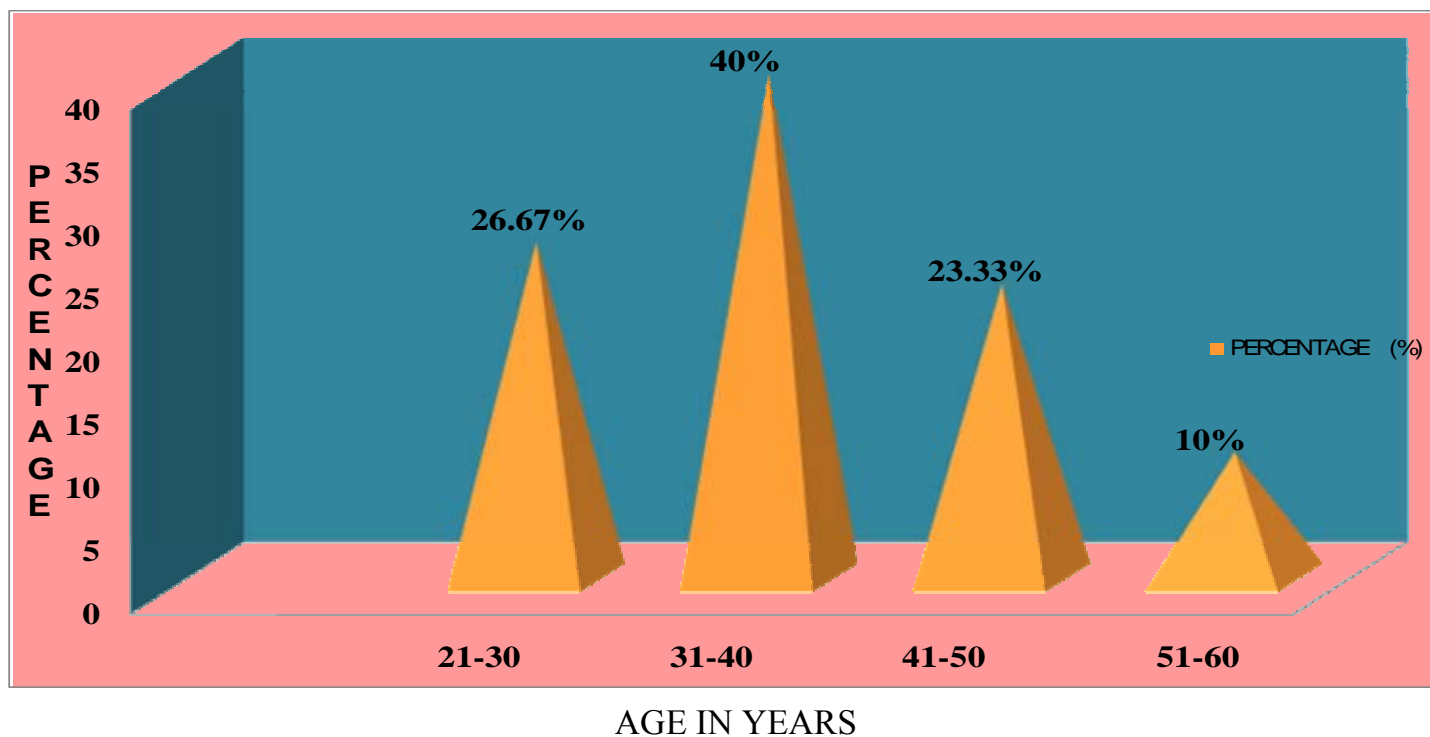
Regarding the marital status, 24(80%) of them were married, 6(20%) of them were unmarried.

Regarding the type of family, 20(66.67%) of them were nuclear family, 10(33.33%) of them were joint family.

When revealing the length of stay with patient, 10(33.33%) of them, 6months-1years, 7(23.33%) of them 1-2 years, 13(43.33%) of them were above 2 years.

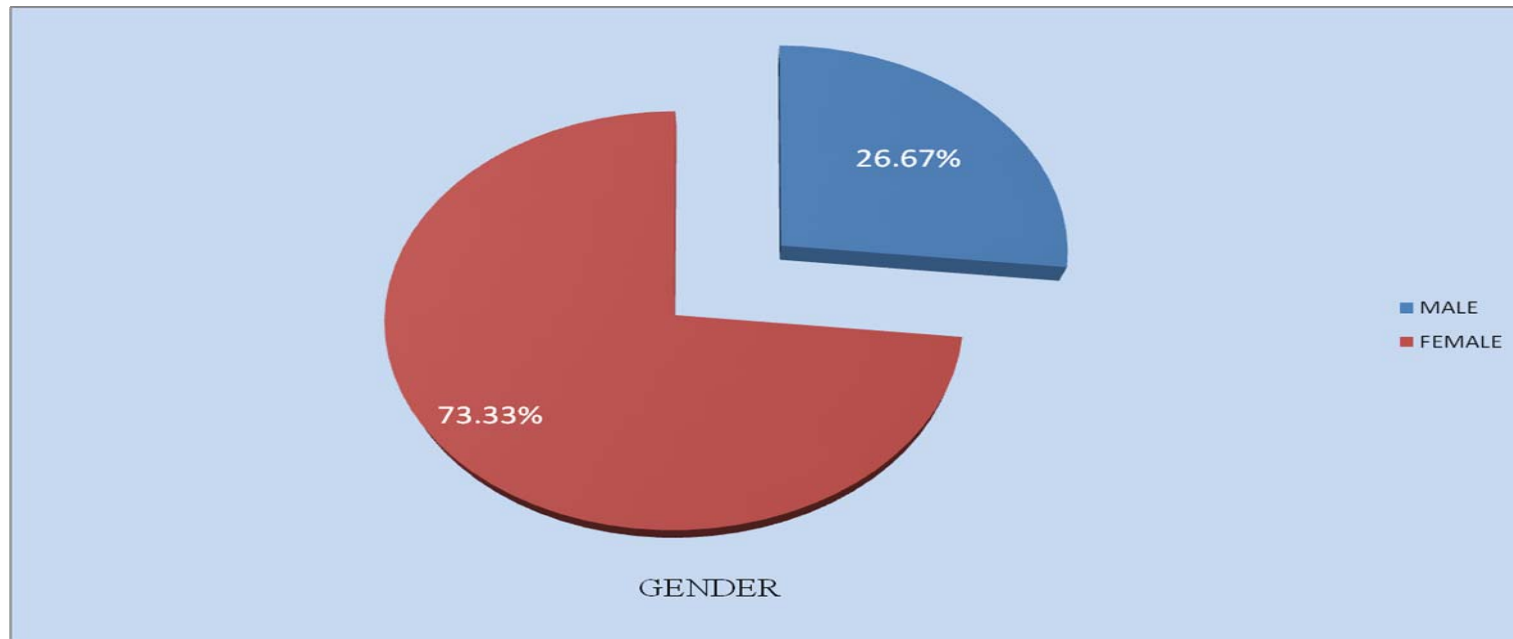


**FIGURE-4**  
**DIAGRAM SHOWING DISTRIBUTION OF DEMOGRAPHIC VARIABLES**  
**WITH REGARD TO AGE OF CAREGIVERS**

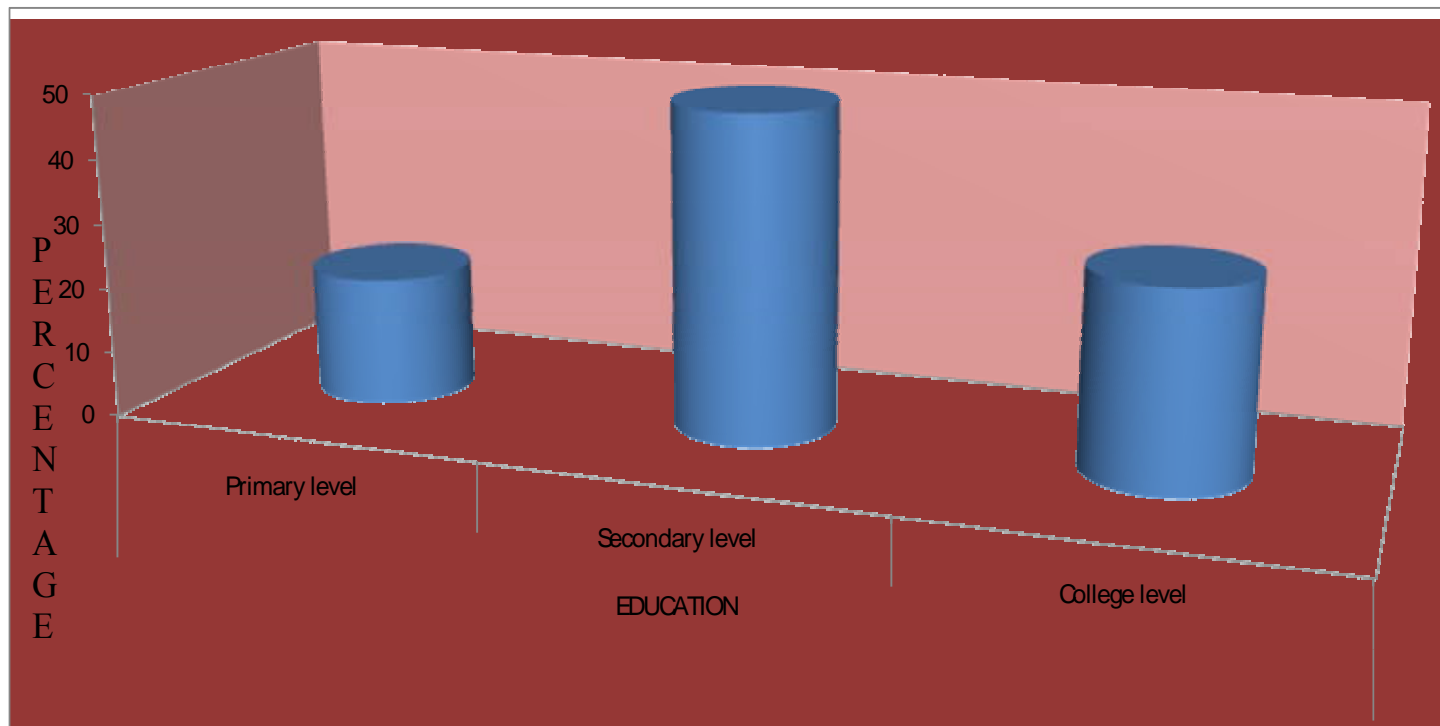


**FIGURE-5**

**DIAGRAM SHOWING DISTRIBUTION OF DEMOGRAPHIC VARIABLES  
WITH REGARD TO THE GENDER OF CARE GIVERS.**



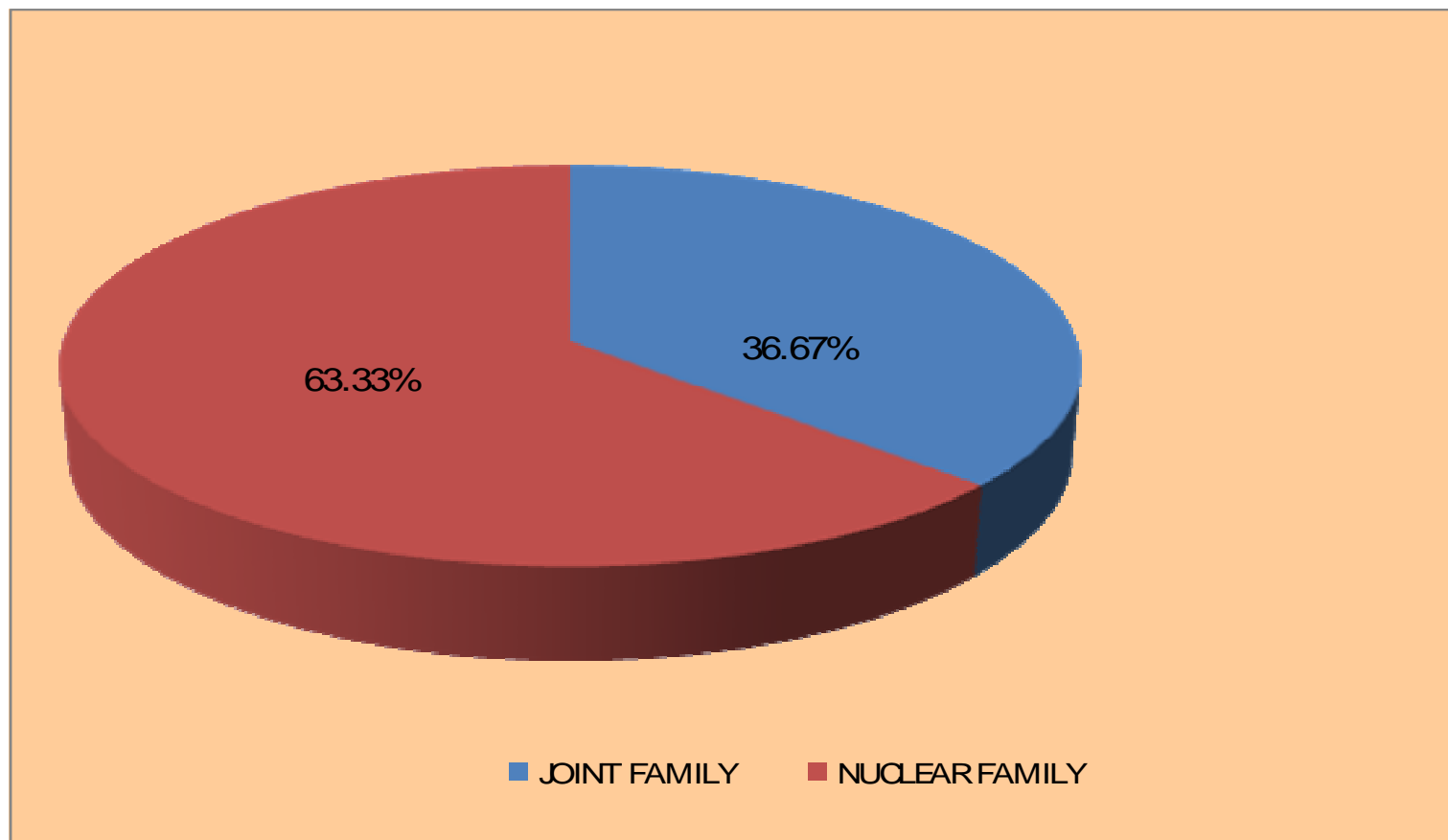
**FIGURE-6**  
**DIAGRAM SHOWING DISTRIBUTION OF DEMOGRAPHIC VARIABLES**  
**WITH REGARD TO EDUCATION OF CAREGIVERS**



**DIAGRAM SHOWING DISTRIBUTION OF DEMOGRAPHIC VARIABLES WITH REGARD TO MARITAL STATUS OF CAREGIVERS**



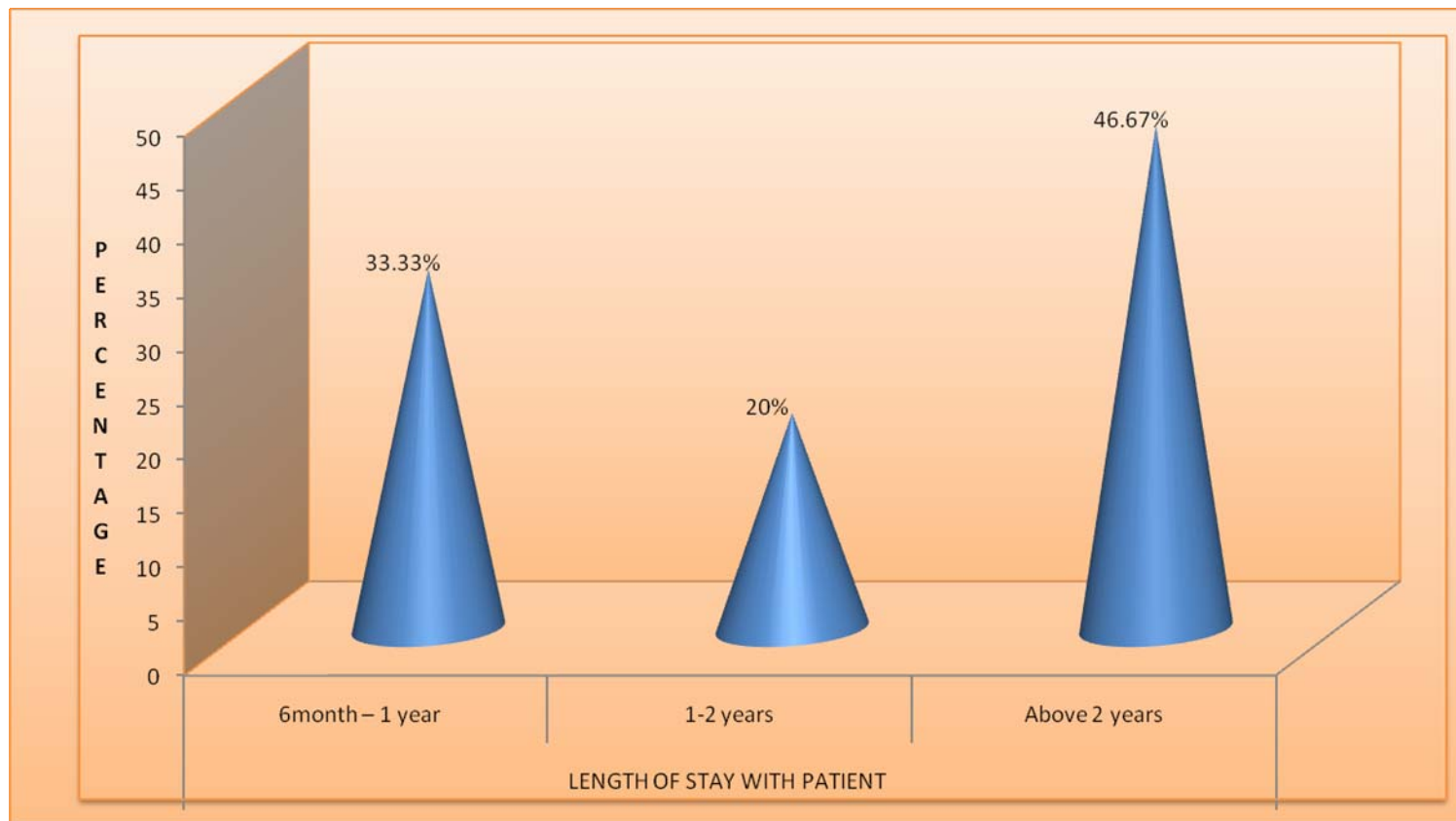
**FIGURE-8**  
**DIAGRAM SHOWING DISTRIBUTION OF DEMOGRAPHIC VARIABLES**  
**WITH REGARD TO TYPE OF FAMILY OF CAREGIVERS**



**FIGURE-9**

**DIAGRAM SHOWING DISTRIBUTION OF DEMOGRAPHIC VARIABLES WITH REGARD TO LENGTH OF**

**STAY  
WITH  
PATIENT**







**TABLE- 2**  
**DISTRIBUTION OF LEVEL OF KNOWLEDGE AMONG**  
**CAREGIVERS OF THE PATIENTS WITH SCHIZOPHRENIA ON**  
**VARIOUS ASPECTS OF SCHIZOPHRENIA.**

**n=30**

Sl no	Aspects of knowledge	Pre test score						Post test score					
		≤50%		51-75		>75%		≤50%		51-75		>75%	
		No	%	No	%	No	%	No	%	No	%	No	%
1	General information on schizophrenia	22	73.3	5	16.6	3	10	8	26.6	8	26.6	14	46.6
2	Causes of schizophrenia	2	6.6	18	60	10	33.3	—	—	-	-	30	100
3	Signs and symptoms of schizophrenia	10	33.3	11	36.6	9	30	—	—	-	-	30	100
4	Prevention of schizophrenia	19	63.3	7	23.3	4	13.3	3	10	-	-	27	90
5	Treatment of Schizophrenia	2	6.6	18	60	10	33.3	—	—	8	26.6	22	73.3
6	prognosis of schizophrenia	20	66.6	6	20	4	13.3	1	3.3	-	-	29	96.6
7	Home care of Schizophrenia patients	3	10	18	60	9	30	1	3.3	-	-	29	96.6

The table (2) denotes that in the pre test score, general information on schizophrenia, 22(73.33%) of them had  $\leq 50\%$ , 5(16.67%) of them had 51-75% and 3(10%) of them had above 75%. In post test scores, 8(26.67%) of them had  $\leq 50\%$ , 8(26.67%) of had 51-75% and 14(46.67%) had above 75%.

When revealing the causes of schizophrenia in pre test score 2(6.67%) of them had  $\leq 50\%$ , 18(60%) of them had 51-75% and 10(33.33%) of them had above 75%. In post test score 30(100%) of them had above 75%.

With regard to signs and symptoms of schizophrenia in pre test score 10(33.33%) of them had  $\leq 50\%$ , 11(36.67%) of them had 51-75% and 9(30%) of them had above 75%. In post test score 30(100%) of them had above 75%.

Regarding prevention of schizophrenia in pre test score 19(63.33%) of them had  $\leq 50\%$ , 7(23.33%) of them had 51-75% and 4(13.33%) of them had above 75%. In post test 3(10%) of them had  $\leq 50\%$  and 27(90%) of them had above 75%.

Regarding treatment of schizophrenia in pre test score 2(6.67%) of them had  $\leq 50\%$ , 18(60%) of them had 51-75% and 10(33.33%) of them had above 75%. In post test score 8(27.67%) of them had 51-75% and 22(73.33%) of them had above 75%.

With regard to prognosis of schizophrenia in pre test score 20(66.67%) of them had  $\leq 50\%$ , 6(20%) of them had 51-75% and 4(33.33%) of them had above 75%. In post test 1(3.33%) of them had  $\leq 50\%$  and 29(96.67%) of them had above 75%.

Regarding home care of schizophrenia in pre test score 3(10%) of them had  $\leq 50\%$ , 18(60%) of them had 51-75% and 9(30%) of them had above 75%. In post test (3.33%) of them had  $\leq 50\%$  and 29(96.67%) of them had above 75%.

**TABLE-3**  
**COMPARISON OF PRE-TEST AND POST TEST KNOWLEDGE**  
**SCORES OF SCHIZOPHRENIA AMONG CARE GIVERS OF**  
**THE PATIENTS WITH SCHIZOPHRENIA.**

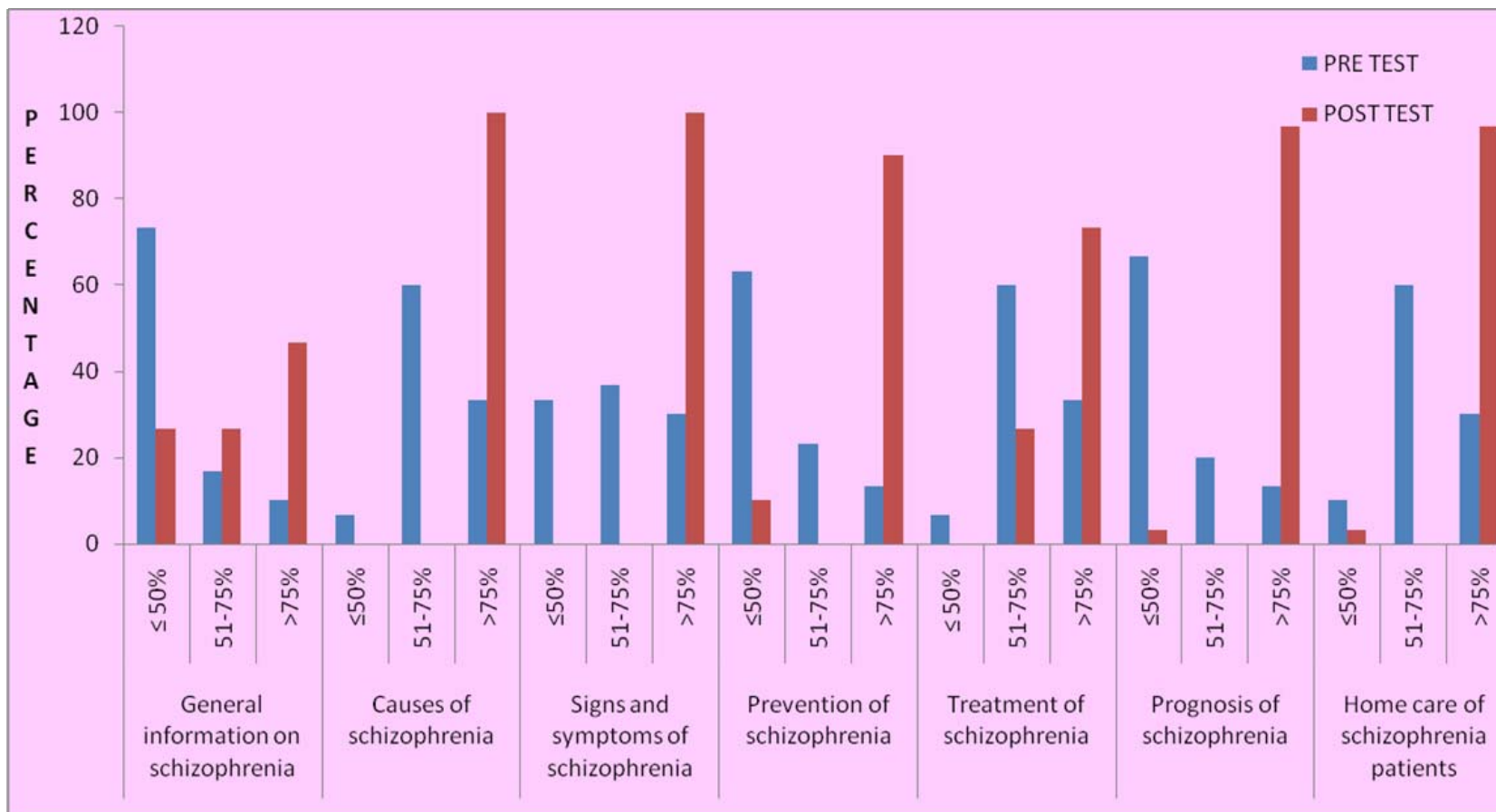
**n=30**

Constant subject	Mean	Standard deviation	Calculated value of 't'	Tabulated value of 't' at 5% level of significance
Pre test	11.2	2.05	16.06	2.045
Post test	15.9	1.69		

From the above table, the calculated value of 't' is greater than the tabulated of 't' at 5% level of significance. The null hypothesis is hypothesis is rejected. There is a significant difference between pre test and post test score on schizophrenia. This implies that the psycho education programme is effective.



**FIGURE- 10**  
**DIAGRAM SHOWING DISTRIBUTION OF PRE TEST AND POST TEST SCORES ON LEVEL OF**  
**KNOWLEDGE OF SCHIZOPHRENIA AMONG CAREGIVERS**



**TABLE - 4**  
**COEFFICIENT OF VARIATION BETWEEN PRE TEST AND**  
**POST TEST KNOWLEDGE SCORES OF SCHIZOPHRENIA**  
**AMONG CARE GIVERS OF THE PATIENTS WITH**  
**SCHIZOPHRENIA.**

<b>n=30</b>			
Constant subject	Mean	Standard deviation	Coefficient of variation %
Pre test	11.2	2.05	18.30
Post test	15.9	1.69	10.62

From the above table, regarding the knowledge on schizophrenia, the post test CV score is lesser than the pre test CV score. This shows that post test score is highly consistent.

**TABLE-5**  
**ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE OF**  
**SCHIZOPHRENIA AMONG CARE GIVERS OF THE PATIENTS**  
**WITH SCHIZOPHRENIA WITH SELECTED DEMOGRAPHIC**  
**VARIABLES.**

**n=30**

s.no	Demographic variables	Level of knowledge		Calculated value of $\chi^2$	Tabulated value of $\chi^2$
		Below median score	Above median score		
		No	Yes		
1.	Age in years a)21-40 years b)41-60 years	5 4	12 9	0.13	3.83 NS
2.	Education a)Higher secondary b)College level	7 3	13 7	0.02	3.84 NS
3.	Occupation a)Employed b)unemployed	4 6	13 7	1.2	3.84 NS
4.	Type of family a)Nuclear family b)Joint family	14 2	5 9	8.62*	3.84 S
5.	Length of stay with patient a)6 months -2 years b)Above 2 years	12 3	4 11	6.56*	3.84 S

(S-\* SIGNIFICANT, NS-NOT SIGNIFICANT)



The table denotes,

Regarding age, the calculated value of  $\chi^2$  is lesser than the tabulated value of  $\chi^2$  at 5% level of significance. So the null hypothesis is accepted. Therefore there is no association between the age and the level of knowledge on schizophrenia.

Regarding education, the calculated value of  $\chi^2$  is lesser than the tabulated value of  $\chi^2$  at 5% level of significance. So the null hypothesis is accepted. Therefore there is no association between the education and the level of knowledge on schizophrenia.

Regarding occupation, the calculated value of  $\chi^2$  is lesser than the tabulated value of  $\chi^2$  at 5% level of significance. So the null hypothesis is accepted. Therefore there is no association between the occupation and the level of knowledge on schizophrenia.

Regarding the type of family, the calculated value of  $\chi^2$  is greater than the tabulated value of  $\chi^2$  at 5% level of significance. So the null hypothesis is rejected. Therefore there is an association between the type of family and the level of knowledge on schizophrenia.

Regarding length of stay with patient, the calculated value of  $\chi^2$  is greater than the tabulated value of  $\chi^2$  at 5% level of significance. So the null hypothesis is rejected. Therefore there is an association between the length of stay with patient and the level of knowledge on schizophrenia.

## CHAPTER-V

### RESULTS AND DISCUSSION

The study intends to assess the effectiveness of psycho education programme on schizophrenia among care givers of the schizophrenia patients. The data was collected with the help of structured questionnaire. Paired 't' test was used to test the significant difference between pre test and post test, chi-square was used to find out the association between knowledge with selected demographic variables.

#### **(1) To assess the knowledge on schizophrenia among the care givers of patients with schizophrenia.**

The knowledge of care givers of schizophrenia patients on schizophrenia were assessed by using structured questionnaire.

Table (2) denotes that in the pre test score, general information on schizophrenia, 22(73.33%) of them had  $\leq 50\%$ , 5(16.67%) of them had 51-75% and 3(10%) of them had above 75%. In post test 8(26.67%) of them had  $\leq 50\%$ , 8(26.67%) of had 51-75% and 14(46.67%) had above 75%.

When revealing the causes of schizophrenia in pre test score 2(6.67%) of them had  $\leq 50\%$ , 18(60%) of them had 51-75% and 10(33.33%) of them had above 75%. In post test score 30(100%) of them had above 75%.

With regard to signs and symptoms of schizophrenia in pre test score 10(33.33%) of them had  $\leq 50\%$ , 11(36.67%) of them had 51-75% and 9(30%) of them had above 75%. In post test score 30(100%) of them had above 75%.

Regarding prevention of schizophrenia in pre test score 19(63.33%) of them had  $\leq 50\%$ , 7(23.33%) of them had 51-75% and 4(13.33%) of them had above 75%. In post test 3(10%) of them had  $\leq 50\%$  and 27(90%) of them had above 75%.

Regarding treatment of schizophrenia in pre test score 2(6.67%) of them had  $\leq 50\%$ , 18(60%) of them had 51-75% and 10(33.33%) of them had above 75%. In post test score 8(27.67%) of them had 51-75% and 22(73.33%) of them had above 75%.

Table (3) shows that the mean value of knowledge in pre test scores was low. It revealed that caregivers of schizophrenia patients had inadequate knowledge regarding schizophrenia. Based on these findings it is clear that there is a definite need for psycho education on schizophrenia.

The present study is supported with similar findings of the study conducted to assess the healthcare-seeking behaviour of schizophrenic patients in Cambodia. A total sample of 104 was selected. The results showed that 77.3% did not begin the health care seeking behaviour with psychiatry because of lack of awareness. The findings indicated that the lack of knowledge on schizophrenia and mental health facilities appears the main reason to explain the schizophrenic patients' health care seeking behaviour (Coton.X,Poly.S, 2007).

**(2) To reassess the knowledge on schizophrenia among the caregivers of patients with schizophrenia.**

Table 2 reveals the distribution of pre test and post test score on schizophrenia on various aspects. The results of post test knowledge score on general aspects has improved to 22(73.33%), and causes, signs and symptoms, prevention, treatment, prognosis and home care of schizophrenia patients has improved to 30(100%), 30(100%), 27(90%), 30(100%), 29(96.67%), 29(96.67%) respectively on schizophrenia.

To evaluate the psycho education programme, the pre test and post test values were compared. Table (3) showed the comparison of pre test and post test knowledge scores on schizophrenia. Mean post test knowledge score (15.9) was greater than the pre test knowledge score (11.2). The pre test SD was 2.05 and post test SD was 1.69. The calculated t' value (16.06) was greater than tabulated value with 5% level of significance (2.043). This shows there is significant improvement in the level of knowledge score in the re-assessment. Based on these findings it is clear that psycho education programme was effective in improving the knowledge of the caregivers on schizophrenia.

The present study is supported with similar findings of the study conducted to assess the effectiveness of psycho educational intervention for rural families experiencing schizophrenia in Namakkal. A total sample of 326 was selected. The results showed an improvement in knowledge and a change in the caring attitudes of the family members after the psycho educational intervention. The researcher concluded that psycho educational intervention is effective and suitable for psychiatric rehabilitation in rural communities (**Ramachandran.C, 2009**).

**(3) To associate the findings with selected demographic variables.**

Table 5 showed the association of level of knowledge and scores with selected demographic variables such as, age, education, and occupation, type of family and length of stay with patient. Association was found by using chi-square test. The results showed that there was an association between the type of family and length of stay with patient and there was no association between age, education, and occupation.

## **CHAPTER VI**

### **SUMMARY, RECOMMENDATION AND NURSING IMPLICATION OF THE STUDY**

#### **SUMMARY**

Schizophrenia is a chronic debilitating mental illness. It is characterized by longer duration of the illness and a deterioration of the social capacities. This disease affects both men and women with equal frequency. The family is composed of persons joined together by bonds of marriage, blood or adoption or separately and interact with each other their roles are husband, wife, mother, father, son, daughter, brother and sister. The family members form the basic unit of our society. It is the social institution, which has the most marked effect on its members. The basic unit strongly influences the development of individual's behaviour, thought & feelings. So the psycho education to family members help to improve the knowledge of family members on schizophrenia and this will lead to a better care of schizophrenia patients.

The main focus of the study was to evaluate the level of knowledge among caregivers of schizophrenia patients. The conceptual frame work developed for the study was based on King's goal attainment theory. An extensive review of literature, professional experience and expert's guidance helped the investigator to design the methodology. This study was conducted in Vazhikatti Mental Health and Research Institute, Peelamedu, Coimbatore. The population of the study were considered as caregivers of schizophrenia patients' age group between 20-60 years.

Convenience sampling technique was selected; one group pre-test and post-test design was used.

The data was collected by using structured questionnaire for knowledge in various aspects of schizophrenia. The questionnaire included 5 questions regarding general information, 2 questions related to causes, 2 questions related to signs and symptoms, 1 questions related to prevention, 7 questions related to treatment, 2 questions related to prognosis, and 1 question related to home care. The pilot study was conducted with 10 samples in K.G Hospital, Coimbatore. The pilot study, established the practicability and feasibility hence, the investigator proceeded for the main study. The main study was conducted at Vazhikatti Mental Health and Research Institute, Peelamedu, Coimbatore. Post test was conducted on 7<sup>th</sup> day after education by using the same questionnaire to find the effectiveness of psycho education programme regarding schizophrenia.

Descriptive and inferential statistics was used for comparison and association of pre-test and post test values of psycho education programme schizophrenia. Association was found by using chi-square test. The pre test knowledge result showed that there was an association between the type of family and length of stay with patient and no association between age, education, occupation, income, and marital status.

The paired 't' test was used to analyse the effectiveness of psycho education on knowledge of schizophrenia among caregivers of the patients with schizophrenia. It was found that 't' value was statistically significant at 5% level. This shows that psycho education programme was effective.

## **RECOMMENDATIONS**

The study recommends the following for future research;

- A similar study can be undertaken for a large sample in different settings.
- A comparative study can be conducted among the staff nurses within the organisation.
- A similar study can be conducted among caregivers at different settings.
- A similar study conducted among nursing students.

## **NURSING IMPLICATIONS**

Some of the implications from the present study in various areas as follows:

### **NURSING PRACTICE**

- Survey can be conducted to identify the risk group within the community.
- Screening camps can be arranged and early detection can be done treat and prevent schizophrenia.
- The psychiatric nurse must have knowledge in teaching schizophrenia and prevention methods in various aspects.
- The psychiatric nurse can teach the other staff nurses and the nursing students regarding schizophrenia.



- Health education programme on schizophrenia can be given in the community as mass health education by using appropriate audio visual aids.
- Self instructional material regarding teenage pregnancy can be distributed within the organisation.

## **NURSING EDUCATION**

- Conferences, workshops and seminars can be held for nurses to impart update the knowledge and positive attitudes.
- In – service education to update their knowledge and skills in various health care settings should be given.
- Nursing curriculum has to focus on enabling the nursing students to develop skill in identifying risk groups and prevent the complications.

## **NURSING ADMINISTRATION**

- The present study is proposed to help the administrators to strategically plan and meet the health needs of the schizophrenia patients.
- The administrators in both private and government sectors should take initiative actions to update the knowledge of risk groups on schizophrenia.
- The administrator can encourage the nurses for conducting research in various aspects of schizophrenia.
- The administrator can organize conference, workshop and seminars for nurses working in the psychiatric hospital.
- The administrator should support the staffs to conduct programmes on schizophrenia.

## **NURSING RESEARCH**

- The study will be valuable reference material for further researchers.
- This study is a preliminary set up for exploring the concepts of knowledge of schizophrenia.
- The results of the study encourage the schizophrenia patients to adopt healthy life styles.